

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Kingsport Housing & Redevelopment Authority</u> PHA Code: <u>TN006</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2011</u>												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>438</u> Number of HCV units: <u>1,242</u>												
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th><th>HCV</th></tr> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> <tr> <td></td><td></td></tr> </table>	PH	HCV						
PH	HCV												
	PHA 1:												
	PHA 2:												
	PHA 3:												
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: We affirm that shelter is a basic human necessity and we are dedicated to provide decent housing opportunities to those in need in the Greater Kingsport Area. We believe that blighted areas undermine the vibrancy of our community and therefore we are committed to acting as a catalyst for successful redevelopment efforts in the community.												

5.2	<p>Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.</p> <p>Expand the supply of assisted housing</p> <p>Apply for additional rental vouchers: There has been only one program where there was a notice of funding availability (NOFA); the Family Unification Program. We applied and were not awarded any new vouchers under this program in 2010. We have reapplied in late 2010. We have continued to apply for additional Shelter Plus Care and Supportive Housing Vouchers with Appalachian Regional Coalition for Homelessness (ARCH). We are working on a new initiative with Interfaith Hospitality Network in providing assistance to Homeless Families.</p> <p>Reduce public housing vacancies: Public housing vacancies have been reduced during the year. KHRA's public housing vacancies have been consistently below 3%. The economy is a primary reason for this as we have experienced fewer turnovers.</p> <p>Leverage private or other public funds to create additional housing opportunities: KHRA continues to work on the implementation of the HOPE VI program. This involves the construction of thirty-eight (38) new rental units through mixed finance; twenty-four (24) homeownership units which have all been sold and 54 Section 8 Project Based rental units for seniors. Youth Build has completed and sold six (6) homes and has two (2) additional homes under construction.</p> <p>Acquire or build units or developments: We continue to work with GKAD to build seven (7) additional homeownership units on Sherwood Road</p> <p>Work with TSWAHC and statewide agencies in their efforts to create affordable assisted living facilities: We are working with TARHA and other PHAs and legislators to find a develop alternatives to allow seniors to live independently longer.</p> <p>Work with Continuum of Care ARCH and other service providers to apply for Shelter Plus Care, HOPWA and Supportive Housing, HPRP: KHRA is working through ARCH and the providers network to ensure housing for the chronically homeless and persons with AIDS.</p> <p>Improve the Quality of assisted housing</p> <p>Improve public housing management: KHRA has implemented Asset Based Management and a new computer system.</p> <p>Improve voucher management: KHRA has averaged 1167 vouchers under lease monthly which utilizes 100% of HAP funds available. We are also working to complete implementation of a new computer system including the hand held inspection software.</p> <p>Increase customer satisfaction: The increase in customer satisfaction is demonstrated by the greater demand for KHRA's services. Public housing occupancy is at or above 97% and the demand for HCV is in very high demand with a waiting list of over 2000. The homeownership program has exceeded 24 sales this year.</p> <p>Concentrate on efforts to improve specific management functions: Asset Based Management: Asset Based Management staff has participated in computer based and web training on Asset Based Management.</p> <p>Renovate or modernize public housing units: HOPE VI, CFP, Redevelopment: Major Capital Fund Program projects included; windows replaced in Dogwood Terrace, roofs replaced in Holly Hills, Cloud and Lee Apartments had roof replaced. We have started HVAC replacements in Cloud.</p> <p>Demolish or dispose of obsolete public housing: HOPE VI or a relevant HUD Program Started the planning process for Revitalization of Lee Apartments which will include the demolishing of Lee Apartments probably in 2012 or 2013.</p> <p>Provide replacement public housing: KHRA implemented the HOPE VI grant funded in October 2006. This includes fifty-four (54) rental units for seniors, thirty-eight (38) rental units for families and twenty-four (24) homeownership units.</p> <p>Provide replacement vouchers: Relocation vouchers were provided to all persons displaced by the demolition of TN 6-2/3.</p> <p>Participation in Continuum of Care (ARCH): KHRA is a partner with ARCH. Through Continuum of Care grants, under Shelter Plus care and Supportive Housing, KHRA is assisting 160 chronically homeless households and expect to increase that number in the future.</p> <p>Increase assisted housing choices</p> <p>Provide voucher mobility counseling: KHRA regularly assists families in porting away from, or into, our service area.</p> <p>Conduct outreach efforts to potential voucher landlords: Landlord meetings are held in groups or with individuals. We currently have around 500 landlords participating.</p> <p>Increase voucher payment standards: Voucher payments are at the maximum allowed. This permits more housing choices for clients and also assists program participants in pursuing homeownership.</p> <p>Implement voucher homeownership program: KHRA has participated in use of HCV to assist clients in purchasing homes. We have over 36 successful homeowners since starting the homeownership program.</p> <p>Implement public housing or other homeownership programs: KHRA has implemented a public housing homeownership program. We have had many twenty-four (24) public housing residents achieve homeownership through Habitat for Humanity, KHRA or a conventional developer.</p> <p>Project basing of tenant based vouchers: KHRA has project based ninety-nine (99) units of special needs housing. KHRA's Board of Commissioners has authorized up to 124.</p> <p>Family Unification Program: KHRA applied for the Family Unification Program but was not selected in 2010. Another application was submitted in December 2010.</p> <p>Provide an improved living environment</p> <p>Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: KHRA has participated in the Family Self Sufficiency and Community Supportive Services (HOPE VI). Eighty-two participants have completed and graduated from KHRA's Family Self Sufficiency (FSS) program.</p> <p>Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: KHRA allows transfers for the purpose of pursuing employment. Developments that have higher incomes are located near employment opportunities.</p> <p>Implement public housing security improvements: In recent years, KHRA has installed security cameras in most public housing developments. We work with the Kingsport Police Department to implement community policing and monitor activities at our public housing developments. We participate with SCKCDI in implementing the Weed and Seed grants. KHRA is a key participant in the City of Kingsport Targeted Community Crime Reduction Grant.</p>
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ROSS Elderly Grant**Promote self-sufficiency and asset development of assisted households**

Increase the number and percentage of employed persons in assisted families: Family Self Sufficiency (FSS) and Community Supportive Services (CSS) Programs are utilized in both Public Housing and Section 8. A primary objective of these programs is increasing employment opportunities. KHRA has had 82 persons successfully complete FSS and CSS.

Provide or attract supportive services to improve assistance recipients' employability: KHRA works with Alliance for Business and Training (AB&T), Youth Build, Eastern 8, VISTA, SCKCDI and Title V to assist residents in obtaining higher levels of employment.

Provide or attract supportive services to increase independence for the elderly or families with disabilities: KHRA sponsors Community Cares and VISTA to assist in providing services to elderly and disabled families. KHRA is also implementing a ROSS Elderly Grant. We also partner with the Area Council on Aging and the University of Tennessee Agricultural Extension Service.

Continuum of Care: KHRA works closely with ARCH on Shelter Plus Care, Supportive Housing and HOPWA. KHRA is currently providing housing assistance to over 160 families. We work with a number of case management not for profits; Frontier health is the principal provider.

Ensure equal opportunity and affirmatively further fair housing

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability: KHRA sponsors training for staff on these issues. The training is conducted by Legal Aid of East Tennessee and Wilson, Worley, Moore, Gamble and Stout, counsels for KHRA.

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status and disability: KHRA sponsors training for staff on these issues. The training is conducted by Legal Aid of East Tennessee and Wilson, Worley, Moore, Gamble and Stout, counsels for KHRA.

Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: The ACOP directs that priority be given to persons with disabilities. KHRA provides modifications for ramps, grab bars, hearing impairments and other accessibility items as requested.

VIOLENCE AGAINST WOMEN –**ACOP:**

KHRA strives to meet the needs of adult and child victims of domestic violence, dating violence, sexual assault, and stalking. Any applicant who can provide verification of an existing abuse situation may qualify for a preference.

In accordance with the Violence Against Women Act (VAWA), KHRA will not evict a resident who is a certified victim of an actual or threatened incident of domestic abuse as defined by the Act. Also, KHRA will not evict a resident who is a certified victim for criminal activity that is directly related to domestic abuse. However, KHRA may evict the perpetrator. Also, KHRA may evict a resident who is a victim if there is an actual and immediate threat of harm to others or for other lease violations not based on domestic abuse.

KHRA will give a resident 14 business days after written request to certify victim status either by (1) completing and submitting to KHRA HUD certification form 50066 (which is available at the rental office); or (2) providing KHRA with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim (you or another member of your immediate family) has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse (this certification must be sworn under penalty of perjury); or (3) producing a Federal, State or local police or court record.

Section 8 Administrative Plan:

The PHA acknowledges that a victim of domestic violence, dating violence, or stalking may have an unfavorable history that would warrant denial under the PHA's policies. Therefore, if the PHA makes a determination to deny admission to an applicant family, the PHA will include in its notice of denial a statement of the protection against denial provided by VAWA and will offer the applicant the opportunity to provide documentation affirming that the cause of the unfavorable history is that a member of the applicant family is or has been a victim of domestic violence, dating violence, or stalking.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking, and

One of the following:

A police or court record documenting the actual or threatened abuse, or

A statement signed by an employee, agent or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The applicant must submit the required documentation with her or his request for an informal review (see section 16-III.D) or must request an extension in writing at that time. If the applicant so requests, the PHA will grant an extension of 10 business days, and will postpone scheduling the applicant's informal review until after it has received the documentation or the extension period has elapsed. If after reviewing the documentation provided by the applicant the PHA determines the family is eligible for assistance, no informal review will be scheduled and the PHA will proceed with admission of the applicant family.

In cases where an applicant family includes the perpetrator as well as the victim of domestic violence, dating violence, or stalking, the PHA will proceed as above but will require, in addition, either (a) that the perpetrator be removed from the applicant household and not reside in the assisted housing unit or (b) that the family provide documentation that the perpetrator has successfully completed, or is successfully undergoing, rehabilitation or treatment.

If the family elects the second option, the documentation must be signed by an employee or agent of a domestic violence service provider or by a medical or other knowledgeable professional from whom the perpetrator has sought or is receiving assistance in addressing the abuse. The signer must attest under penalty of perjury to his or her belief that the rehabilitation was successfully completed or is progressing successfully. The victim and perpetrator must also sign or attest to the documentation. This additional documentation must be submitted within the same time frame as the documentation required above from the victim.

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

2010-65 Revised the Admin Plan to include language on mobility assistance to HCV participants

2010-64 Revised ACOP to include Social Security Documentation Page 5, Section D and include Violence Against Women information Page 11, Section 5.1

2010-54 Change Procurement Policy to include Tennessee Cooperative Purchasing Network and HUD approved ARRA wording

2010-40 FMR payment standard set at 120%

2010-42 Disposition Policy Updated

2010-27 ACOP Revision—Grounds for denial & Community Service /Self-Sufficiency Requirements.

2010-13 Updated Procurement Policy –small purchase threshold set at \$2,000

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

Main Administrative Office, 906 E Sevier Ave, Kingsport, TN

Web Site: www.kingsporthousing.org

1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures			
Program	Policy	Document	Location
Public Housing	Eligibility	ACOP	Section 3.2
	Selection and Admissions	ACOP	Sections 3.3 and 5.3
	Deconcentration	ACOP	Section 5.4
	Waiting list Procedures	ACOP	Section 4.0 -4.6
Housing Choice Voucher Program	Eligibility	Admin Plan	Chapter 3
	Selection and Admissions	Admin Plan	Chapter 4 Part 3
	Waiting list Procedures	Admin Plan	Chapter 4 Part 2
2. Financial Resources			
Program	Program Area	Grant Number	Authorized
Capital Fund Program			
FY 2007	CFP	TN37P006501-07	\$842,713
FY 2008	CFP	TN37P006501-08	\$911,143
FY 2009	CFP	TN37P006501-09	\$879,720
FY 2010	CFP	TN37P006501-10	\$768,146
FY 2010 RHF	CFP	TN37R006501-10	\$80,833
Capital Fund Recovery Competitive Grants	CFRC	TN00600000409R	\$867,307
Housing Opportunities for Persons with AIDS	HPAC	TNH060021	\$1,067,145
Resident Opportunity & Self Sufficiency			
Homeownership	ROSS	TN006REF041A007	\$250,000
Elderly/Disabled	ROSS	TN006REL024A007	\$249,804
PH FSS Coordinator	ROSS	TN006RFS177A009	\$62,305
Service Coordinator	ROSS	TN006RPS081A009	\$240,000
Special Needs Assistance			
SNAP I Pro Rata	SNAP	TN0102B4J090802	\$65,761
SNAP Ia Bonus	SNAP	TN0101B43090802	\$42,732
SNAP II Bonus	SNAP	TN37B709001	\$82,009
SNAP III Bonus	SNAP	TN0095B4J090800	\$83,227
Shelter Plus Care			
SPC I	SPC	TN0103C4J090802	\$179,412
SPC II	SPC	TN0120C4J090901	\$334,572
SPC III	SPC	TN37C509001	\$195,480

Urban Revitalization Program (HOPE VI)	URP	TN43URD0061106	\$11,900,000
PH Operating Subsidy for CY 2010			\$2,082,581
Housing Choice Voucher Program			
Housing Assistance Payment (HAP)			\$5,793,388
Administration			\$660,484
3. Rent Determination			
Program	Policy	Document	Location
Public Housing	Rent determination	ACOP	Section 6
Housing Choice Voucher Program	Rent Determination	Admin Plan	Section 6 Part 3
4. Operation and Management			
Program	Policy	Document	Location
Public Housing	Maintenance Manual	ACOP	Section 9
Housing Choice Voucher Program	Maintenance Manual	Admin Plan	Chapter 8 part 2 - Inspections
5. Grievance Procedure			
Program	Policy	Document	Location
Public Housing	Grievance Procedure	ACOP	Section 16
		Lease	Section 12, page 12
Housing Choice Voucher Program	Grievance procedure	Admin Plan	Chapter 12 and Chapter 16 part 3
6. Designate Housing for Elderly and Disabled Families			
Program	Policy	Document	Location
Public Housing	None for the coming year		
Housing Choice Voucher Program	None for the coming year		
7. Community Service			
Program	Policy	Document	Location
Public Housing	Community Service	ACOP	Section 7
		Lease	Section 17, page 14
8. Safety and Crime Prevention			
Public Housing: KHRA is involved in a number of outlets to increase the safety of our communities for the residents. Weed & Seed, Neighborhood Watch, Security Cameras, Community Policing, Kingsport Police Department MOA, Criminal Trespass Policy (ACOP Section 13),			
9. Pets			
Program	Policy	Document	Location
Public Housing	Pets	ACOP	Section 10
		Lease	Section 5L, page 7
10. Civil Rights			
Program	Policy	Document	Location
Public Housing	Civil Rights	ACOP	Section 1
		Lease	Section 16
Housing Choice Voucher Program	Civil Rights	Admin Plan	Chapter 2
11. Fiscal Year Audit			
The fiscal year audit for 3/31/09 is included			
12. Asset Management			
Asset Based Management has been implemented. We utilize the annual statement and five-year plan process for capital needs.			

	13. Violence Against Women Act (VAWA)			
	Program	Policy	Document	Location
	Public Housing	VAWA	Lease	Section 11
			ACOP	Section 5.1
			ACOP Guide	Chapter 15.5
	Housing Choice Voucher Program	VAWA	Admin Plan	Chapter 12 Part 2 (a)
			Admin Plan	Chapter 12 Part 3 (g)

7.0

Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. *Include statements related to these programs as applicable.*

Status of HOPE VI revitalization grant:
 Activities pursuant to an approved Revitalization Plan underway
 Do plan to apply for a HOPE VI Revitalization Grant in the Plan Year – Lee Apartments
 Do plan to engage in mixed-finance development activities for public housing in the Plan Year (Riverview Apartments)
 Will be conducting other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement

In 2008
 As part of the KHRA HOPE VI application, we successfully applied for Low Income Housing Tax Credits for 38 units. We were awarded \$4.84 million of tax credits. We have negotiated the sale of the tax credits to investors.

In 2009
 We are working to develop an additional seven units of Homeownership utilizing the Replacement Housing Factor fund.

In 2010
 Completed sale of 24 HOPE VI Homeownership Units and completed and occupied 38 mixed finance units.

Demolition/Disposition Activity Description

1a. Development name: Riverview Apartments
 1b. Development (project) number: TN006-002 and TN006-003

2. Activity type: Demolition ☒
 Disposition ☐

3. Application status (select one)
 Approved ☒
 Submitted, pending approval ☐
 Planned application ☐

4. Date application approved, submitted, or planned for submission: (DD/MM/YY) 10/4/06

5. Number of units affected: 92

6. Coverage of action (select one)
☐ Part of the development
☒ Total development

7. Timeline for activity:
 a. Actual or projected start date of activity: 7/1/08
 b. Projected end date of activity: 7/1/09

Demolition/Disposition Activity Description

1a. Development name: Riverview Apartments
 1b. Development (project) number: TN006-002 and TN006-003

2. Activity type: Demolition ☐
 Disposition ☒

3. Application status (select one)
 Approved ☐
 Submitted, pending approval ☒
 Planned application ☐

4. Date application approved, submitted, or planned for submission: (DD/MM/YY) 10/4/06

5. Number of units affected: 92

6. Coverage of action (select one)
☐ Part of the development
☒ Total development

7. Timeline for activity:
 a. Actual or projected start date of activity:
 b. Projected end date of activity: 12/12/08

Voluntary Conversion of Public Housing Developments

Required Initial Assessment (originally signed 1/14/03)

As required by 24 CFR parts 972 – Conversion of Public Housing to Tenant-Based Assistance, we have:

1. Reviewed each development's operation as public housing;
2. Considered the implications of converting the public housing to tenant-based assistance; and
3. Concluded that the conversion of the development may be:
 - Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.

Necessary conditions for voluntary conversion:

- Not be more expensive than continuing to operate the development (or portion of it) as public housing;
- Principally benefit the residents of the public housing development to be converted and the community; and
- Not adversely affect the availability of affordable housing in the community.

Development Number/Name	Development Exempted?	Exemption Reason	Conversion Appropriate?
TN006-01 Robert E Lee Apartments	No	N/A	No
TN006-02 Riverview Apartments	No	N/A	No
TN006-03 Riverview Apartments	No	N/A	No
TN006-04 Frank L Cloud Apartments	No	N/A	No
TN006-07 Dogwood Terrace Apartments	No	N/A	No
TN006-09 Holly Hills Apartments	No	N/A	No
TN006-11 Tiffany Court Apartments	No	N/A	No

Kingsport Housing & Redevelopment Authority has assessed the viability of voluntary conversion of public housing developments to Section 8 Tenant-Based Assistance. We have determined that this voluntary conversion does not meet the necessary conditions and would be inappropriate. Conversion to Section 8 would be more expensive to operate than public housing. These calculations are part of the documentation required for our agency plan for the year starting April 1, 2003. Additionally, we feel the conversion of these units would not principally benefit the residents and community. Also, it would possibly negatively affect the availability of affordable housing in the community.

Section 8 Homeownership Capacity Statement

Kingsport Housing & Redevelopment Authority has developed capacity in the Section 8 Homeownership Program. We feel we have demonstrated the capacity to administer this program due to the following reasons.

First, we currently administer 1,242 units of Section 8 Tenant-Based Assistance with over 25 years of experience.

Second, we are administering 76 Family Self-Sufficiency Vouchers with 34 having contributions to their escrow accounts.

Third, a review in 2001 of the Section 8 program participant's income level indicated 81 families that meet the initial income level for homeownership eligibility. We have surveyed these families and a number expressed interest in homeownership and are enrolled in Family Self Sufficiency.

Fourth, Kingsport Housing & Redevelopment Authority has completed administering the financial part of the homeownership program sponsored by the Greater Kingsport Alliance for Development. This fund has financed down payment and closing costs that have led to the purchase of over forty homes.

Fifth, Kingsport Housing & Redevelopment Authority continues to work in partnership with the local legal services office on this program. Kingsport Housing & Redevelopment Authority will make the program known to potential homeowners and Legal Services will provide counseling. Kingsport Housing & Redevelopment Authority has revised the Section 8 Administrative Plan concerning Homeownership.

Lastly, Kingsport Housing & Redevelopment Authority is working with Eastern Eight Community Development Corporation on the implementation of our Homeownership Program. Currently, 48 FSS participants attended an Eastern Eight Homeownership Training Class.

To date, KHRA has closed on 26 homes. Our goal for calendar year 2011 is to close an additional 12 homes.

Project Based Vouchers

In 2008, KHRA Board of Commissioners authorized the staff to project-base up to 10% of KHRA's 1,242 tenant-based vouchers. A Request for Proposals was issued and applications were submitted. Four developments requesting 115 units for elderly and disabled families and individuals were selected to be project-based. Additional proposals will be considered until a total of 124 units are project-based.

8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report*, form HUD-50075.1, for each current and open CFP grant and CFFP financing.

HUD-50075.1 CFP 501-07 P&E 9/30/10

	<p> HUD-50075.1 CFP 501-08 P&E 9/30/10 HUD-50075.1 CFP 501-09 AMP 1 P&E 9/30/10 HUD-50075.1 CFP 501-09 AMP 2 P&E 9/30/10 HUD-50075.1 CFP 501-09 AMP 3 P&E 9/30/10 HUD-50075.1 CFP 501-09 Overall P&E 9/30/10 HUD-50075.1 CFP 501-10 AMP 1 P&E 9/30/10 HUD-50075.1 CFP 501-10AMP 2 P&E 9/30/10 HUD-50075.1 CFP 501-10 AMP 3 P&E 9/30/10 HUD-50075.1 CFP 501-10 Overall P&E 9/30/10 HUD-50075.1 TN37S00650109 P&E 9/30/10 HUD-50075.1 TN00600000409R P&E 9/30/10 HUD-50075.1 CFP 501-11 AMP 1 Original Annual Statement HUD-50075.1 CFP 501-11 AMP 2 Original Annual Statement HUD-50075.1 CFP 501-11 AMP 3 Original Annual Statement HUD-50075.1 CFP 501-11 AMP 5 Original Annual Statement HUD-50075.1 CFP 501-11 Overall Original Annual Statement </p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p> HUD-50075.2 AMP 1 HUD-50075.2 AMP 2 HUD-50075.2 AMP 3 HUD 50075.2 AMP 5 HUD-50075.2 Overall </p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	2326		348
Extremely low income <=30% AMI	1928	82.89	
Very low income (>30% but <=50% AMI)	338	14.53	
Low income (>50% but <80% AMI)	7	0.30	
Families with children	1584	68.10	
Elderly families	112	4.82	
Families with Disabilities	364	15.65	
Race/ethnicity White	2065	88.78	
Race/ethnicity Black	252	10.83	
Race/ethnicity Asian	4	0.17	
Race/ethnicity Other	5	0.21	
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the PHA's Waiting Lists			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one) <input type="checkbox"/> Section 8 tenant-based assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	613		300
Extremely low income <=30% AMI	537	87.60	
Very low income >30% but <=50% AMI	65	10.60	
Low income >50% but <80% AMI	2	0.33	
Families with children	267	43.56	
Elderly families	18	29.36	
Families with Disabilities	73	11.91	
Race/ethnicity White	492	80.26	
Race/ethnicity Black	113	18.43	
Race/ethnicity Asian	2	0.33	
Race/ethnicity Other	6	0.98	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	352	57.42	25
2 BR	182	29.70	100
3 BR	72	11.75	100
4 BR	7	1.14	75
5 BR	0	0	0
5+ BR	0	0	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: HOW LONG HAS IT BEEN CLOSED (# OF MONTHS)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Maximize the number of affordable units available within current resources by:</p> <ul style="list-style-type: none"> Employ effective maintenance and management policies to minimize the number of public housing units off-line Reduce turnover time for vacated public housing units Reduce time to renovate public housing units Seek replacement of public housing units lost to the inventory through mixed finance development Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction Undertake measures to ensure access to affordable housing among assisted families, regardless of unit size required Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program Participate in the Consolidated Plan development process to ensure coordination with broader community strategies <p>Increase the number of affordable housing units by:</p> <ul style="list-style-type: none"> Apply for additional section 8 units should they become available (Family Unification Program) Leverage affordable housing resources in the community through the creation of mixed - finance housing Pursue housing resources other than public housing or Section 8 tenant-based assistance. Continue Continuum of Care; Eastern 8 Community Development Corporation; Interfaith Hospitality Network <p>Target available assistance to families at or below 30% of AMI:</p> <ul style="list-style-type: none"> Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work CSS in HOPE VI <p>Target available assistance to families at or below 50% of AMI:</p> <ul style="list-style-type: none"> Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work CSS in HOPE VI <p>Target available assistance to the elderly:</p> <ul style="list-style-type: none"> Apply for special-purpose vouchers targeted to the elderly, should they become available <p>Target available assistance to Families with Disabilities:</p> <ul style="list-style-type: none"> Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, should they become available Affirmatively market to local non-profit agencies that assist non-profit agencies that assist families with disabilities <p>Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:</p> <ul style="list-style-type: none"> Affirmatively market to races/ethnicities shown to have disproportionate housing needs <p>Conduct activities to affirmatively further fair housing:</p> <ul style="list-style-type: none"> Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units Market the section 8 program to owners outside of areas of poverty/minority concentrations <p>Reasons for selecting strategies:</p> <ul style="list-style-type: none"> Funding constraints Staffing constraints Limited availability of sites for assisted housing Extent to which particular housing needs are met by other organizations in the community Evidence of housing needs as demonstrated in the Consolidated Plan and other information available Results of consultation with local or state government Results of consultation with residents and the Resident Advisory Boards Results of consultation with advocacy groups
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10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The Kingsport Housing & Redevelopment Authority continues to make progress in meeting our goals embodied in our Annual Plan and Five Year Plan. We have converted Public Housing units to asset based management and continue to refine our operations. We are continuing community revitalization for the Riverview Apartments and the surrounding area. This is exhibited by the successful funding of HOPE VI, redevelopment of dilapidated commercial areas, rehabilitation and addition an to the V. O. Dobbins recreation center, and demolition of 92 units of public housing and the construction of 38 replacement units.</p> <p>We have had continued success in utilizing our HAP funds in the tenant based voucher program. We have averaged 1,167 under lease each month in Calendar Year 2010. We continued to receive funding for a Family Self Sufficiency Coordinator and FSS Homeownership Coordinator. We have 135 FSS participants with 2 currently in the homeownership program and had 26 homeownership closings. There were and 3 HCV FSS graduates with escrows of \$10,270.41 with one going directly into the homeownership program. Escrow total for the FSS HCV Program is \$125,193.16 and FSS PH Program is \$24, 208.44 for a total of \$149,401.60 at year end December 31st, 2010. We have 11 HCV participants and 2 PH participants credit-ready and 2 HCV participants ready to close. The unavailability of down payment and closing cost funding has slowed progress in homeownership. Also, KHRA was required to discontinue the Success Rate Payment Standards, which has reduced the amount of dollars available to assist with the mortgage costs.</p> <p>KHRA is a participant in Continuum of Care programs and is a member of the Appalachian Regional Coalition (ARCH) on homelessness. KHRA's Shelter Plus Care program continues to operate three increments. Over 140 individuals will be assisted when all increments are fully implemented. We have received funding for 7 increments of Supportive Housing for an estimated 110 participants. In addition, KHRA operates a HOPWA program that will house approximately 50 families. KHRA has worked with Frontier Health to coordinate supportive service and Section 8 assistance for persons under case management for mental health disability. GKAD is working with Interfaith Hospitality Network to acquire two (2) houses, rehabilitate them and lease to homeless families. Project based Section 8 funding for special needs housing (from our tenant based program) was approved for developments covering 115 units in 4 counties. The total number of units authorized for project basing by the KHRA Board of Commissioners is 124. We will continue to evaluate proposals from Not for Profit organizations that develop special needs housing for low income disabled and elderly persons.</p> <p>The partnership with Eastern Eight Community Development Corp continues providing homeownership training, counseling and mortgage financing assistance. Eastern Eight is providing housing counseling and financing coordination for all the homeowners in the HOPE VI homeownership program. We also continue to work with USDA Agriculture division in Greeneville, utilizing their financing for up to 12 homes in our homeownership program.</p> <p>The Division of Mental Retardation Services has continued the inspection contract/services provided by KHRA. The program has expanded to cover 16 counties consisting of over 300 homes.</p> <p>KHRA has continued to work with the Carpenter's Helper of First Broad Street United Methodist Church, Appalachian Service Project and the City of Kingsport Community Development Department on the implementation of Community Development funds for a housing rehabilitation program. The program rehabbed 41 owner occupied homes for low income persons. Also, six dilapidated properties were purchased and demolished.</p> <p>The Weed & Seed grant received by South Central Community Development Corp, Inc continues to be implemented. KHRA staff is a partner in this grant and will end 3/31/10. The Weed & Seed grant was renewed in the amount of \$142,500. The grant funds police patrols, after school youth programs, summer youth and safe haven programs in the target area that includes Lee Apartments and Riverview Apartments. KHRA is participating in a new opportunity with the Kingsport Police Department in the Targeted Community Crime Reduction Grant through the State of Tennessee.</p> <p>We have continued our support for the VISTA program with four VISTA members who work with Resident Associations and Learning Centers to enhance resident utilization of programs participated in by KHRA. The VISTA members work wit the Resident Association, Learning Centers and of programs participated in by KHRA. The Community Cares program has with two service providers who work with disabled and elderly. The Boys & Girls Club satellite centers continue to provide services in Riverview, Cloud (AMP TN006-2) and Holly Hills (AMP TN006-3). Lee Family Learning Center (LFLC) (AMP TN006-1) continues to be funded by CDBG and KHRA funds.</p> <p>During 2010, we continued the implementation of 4 ROSS grants. One for development of elderly services for \$250,000 over three years and 2 for Public Housing Homeownership activity, also for three years each for \$250,000. The fourth ROSS grant is for Public Housing FSS and is for one year.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Kingsport Housing & Redevelopment Authority will consider the following to be significant amendments or modifications:</p> <ul style="list-style-type: none"> Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities. <p>An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by the Kingsport Housing & Redevelopment Authority or by HUD.</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.

10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.

12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.

13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

(a) Hope VI or Mixed Finance Modernization or Development.

1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>

(b) Demolition and/or Disposition.

With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm

Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.

(c) Conversion of Public Housing.

With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

(d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.

(e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 **Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 **Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

- 1. At the end of the program year; until the program is completed or all funds are expended;
- 2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- 3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 **Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c)** PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a)** Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b)** Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c)** Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d)** Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e)** Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f)** Resident Advisory Board (RAB) comments.
- (g)** Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h)** Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i)** Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 4/1/2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Kingsport Housing and Redevelopment Authority

TN006

PHA Name

PHA Number/HA Code

☒ 5-Year PHA Plan for Fiscal Years 20¹¹ - 20¹⁵
☐ Annual PHA Plan for Fiscal Years 20__ - 20__

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

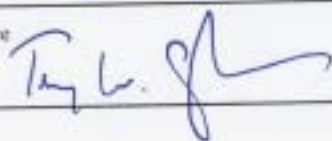
Name of Authorized Official

Title

Terry W Cunningham

Executive Director

Signature



Date

01/07/2011

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Kingsport Housing and Redevelopment Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

AMP 1: Robert E Lee Apts, 671 Dale St, Kingsport TN 37660

AMP 1: Tiffany Court Apts, 3125 Tiffany Ct, Kingsport TN 37663

AMP 2: Frank L Cloud Apts, 1100 Robertson St, Kingsport TN 37660

AMP 3: Dogwood Terrace Apts, 1921 Bowater Dr, Kingsport TN 37660

AMP 3: Holly Hills Apts, 3601 Watterson St, Kingsport TN 37660

AMP 5: Riverview Place, 285 Louis Street, Kingsport, TN 37660

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

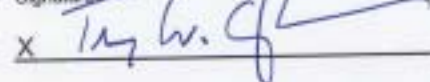
Name of Authorized Official

Terry W Cunningham

Title

Executive Director

Signature

X 

Date

1/07/11

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

Approved by OMB

0348-0046

1. Type of Federal Action: <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		3. Report Type: <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____	
4. Name and Address of Reporting Entity: <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c			5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, if known:		
6. Federal Department/Agency: U.S. Dept of Housing and Urban Development			7. Federal Program Name/Description: Capital Fund Program CFDA Number, if applicable: _____		
8. Federal Action Number, if known:			9. Award Amount, if known: \$		
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):			b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Terry W. Cunningham</u> Print Name: <u>Terry W Cunningham</u> Title: <u>Executive Director</u> Telephone No.: <u>423-392-2513</u> Date: <u>1/7/10</u>		
Federal Use Only:					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Applicant Name

Kingsport Housing and Redevelopment Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

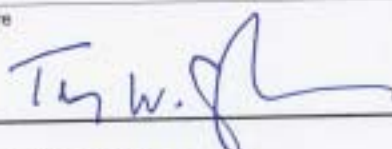
Name of Authorized Official

Terry W Cunningham

Title

Executive Director

Signature



Date (mm/dd/yyyy)

1/7/2011

Previous edition is obsolete

Civil Rights Certification

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Civil Rights Certification**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

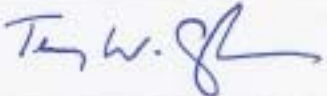
The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Kingsport Housing and Redevelopment Authority

TN006

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official	Terry W. Cunningham
Title	Executive Director
Signature	
Date	01/07/2011

Certification by State or Local
Official of PHA Plans Consistency
with the Consolidated Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the
Consolidated Plan**

I, Dennis R. Phillips the City of Kingsport Mayor certify that the Five Year and
Annual PHA Plan of the Kingsport Housing & Redevelopment Authority TN 008 is consistent with the Consolidated Plan of
City of Kingsport prepared pursuant to 24 CFR Part 91.


Signed / Dated by Appropriate State or Local Official

Public Housing RAB Comments with Recommendations

This year the Resident Advisory Board (RAB) met on October 14, 2010. We went over the proposed Agency plan and have the following suggestions, comments and observations on that plan.

1. Community Rooms. After last year's comments by the RAB regarding community rooms being shared by KITE leaders and KHRA staff, we feel that things have improved. However, it is still necessary that management work with the tenant leaders, especially at Holston Terrace and the STEPS program in Cloud, to make sure that KHRA management cleans up after the events they have, and notifies the tenants of their planned usage of the community rooms. Thank you for the improvement and let's continue to work on this.

We will work on communications and follow up after events. We appreciate the Resident Associations for their efforts to maintain and monitor activities in the community rooms.

2. Site Based Management. The visibility and presence of the site managers on their respective sites was a large concern to the RAB last year. We were specifically concerned 1) that the offices weren't open enough for residents to pay their rent, 2) that the site managers weren't around enough to deal with site issues, and 3) that the site managers' presence was not felt enough in the neighborhood to discourage unregistered guests, violations of the rules and regulations regarding pets, and to create a general knowledge of the community. This has gotten better in some communities. But in Holston Terrace, Dogwood, and Lee, there has been no improvement.

In Holston Terrace, the site manager is not there enough to collect rent and deal with the concerns of the tenants. Likewise, in Dogwood, the site manager is also not present enough to deal with the concerns and collect rent. In Lee, the site manager is not in the office and not walking the neighborhood enough. (Also, there is a concern with the rental drop box. If tenants put in money orders in the dropbox, there is no guarantee that they will get a receipt and be able to prove that the rent had been paid.) If the site manager of Holston Terrace, Dogwood, and Lee were present at the sites more often it would greatly improve the rule and regulation enforcement and the collection of rent.

As to rule enforcement, Cloud is well done, but in the other sites we have seen no improvement at all. There are still many tenants who are not legally registered, but living in the community. There are also many unregistered pets. Both of these degrade the quality of life and cause conflict among neighbors and neighborhoods. The Tenant Council has repeatedly reported these violations to the Kingsport Housing Authority Board and staff. In the past we have been told to continue to report to management these infractions and that management will proceed as they can. But except for Cloud, nothing is done. Too often the site managers tell the offenders who reported them. This puts tenant leaders and those that report violations in a bad situation and at risk of retaliation from the offenders. Management cannot expect resident leaders to report violations if the site managers then divulge who has done the reporting. The policy

adopted in Cloud where a complaint is made in writing, anonymously, and the site manager follows up on it was praised by all the RAB members. However, most site managers don't operate this way. The RAB would greatly appreciate it if the site managers could all adopt this procedure and, if so, the resident leaders then could continue to work with the Housing Authority in eradicating ghost tenants and unregistered pets. Without some policy that assures anonymity, residents find it impossible to work with management in enforcing KHRA rules.

Finally, in Lee, there continues to be a parking sticker problem. Not only are there not enough parking spots (which may be out of control of the Housing Authority), but the parking regulations requiring stickers are not enforced. Given that, tenants cannot find a space while visitors take all of their spaces. There has been no attempt by management to deal with the unstickered parking violations. The RAB sees no reason why tenants should have to park further away for the convenience of others who are merely guests, or living in housing illegally. It seems that adherence to the rules regarding stickers in the parking lot would take care of this.

We will work to maintain a regular presence on all sites. We are communicating to the site based staff about these concerns. We appreciate the discussion provided by the RAB and will work with staff on continuity of policy enforcement.

We are working to expand parking in Lee Apartments. Two dilapidated houses on Tennessee Street have been purchased and demolished. We plan to use Capital Funds to create additional parking on those two lots

3. **Safety.** We have also been informed that the community policing (as we have known it) will be changing and likely result in a lower presence of the police department in our community. That is very unfortunate. We think it will lead to increased safety issues in our neighborhoods. We understand the Housing Authority doesn't control the police. However, we think if a policemen who live in the housing authority, were to drive through the parking lot and neighborhood of the area on the way in and out of their shift it would greatly help. This seems a small step to take for the greater safety obtained.

In some neighborhoods the police work well with residents. But in Holly Hills, Dogwood, and Holston Terrace, there needs to be increased cooperation. Some of the problem seems to be that the county and city police cannot determine who should be responding to complaints in these three neighborhoods. Some discussions with the police department and the sheriff's department to determine who the residents should call for policing might clear this up.

The fact that site managers divulge who is filing complaints against ghost residents and those other rule violators creates a safety problem. As noted above, the retaliation that can be expected when that policy is pursued creates friction in the neighborhood which leads to problems. We feel that this can stop.

We are concerned about the changes in the Community Policing Program by Kingsport Police Department (KPD). We have been told by the City Manager's office that the change was due to staffing and fund

issues. We are in contact with the Police Chief and Captain of the Patrol Division. They have assigned the community policing activities to an officer on each shift (with a back-up designated). KHRA units are in the city limits and KPD is the cognizant agency to respond to calls for assistance.

4. Smoking. Last year, after much discussion of the smoking policy and possible alternatives, the RAB took a strong stance on this matter. This hasn't changed. The RAB currently consists of an equal numbers of smokers and nonsmokers, but they are unanimous in their belief that what an individual does in their own apartment is their business. We feel that smoking segregation or ban or smoke-free buildings is entirely unnecessary. We feel it is contrary to the concept of individual rights in America and they strongly oppose it.

KHRA is currently being investigated by the Tennessee Human Rights Commission concerning a complaint that KHRA has not accommodated a household by providing them with a smoke-free environment. Your comments are part of our discussions with the Tennessee Human Rights Commission.

5. Maintenance. Generally speaking, the RAB feels that maintenance is done very well. There is some concerns about the mowers who tend to either not blow the clippings off the sidewalks and porches or if they do blow them, they blow them on the sidewalks and porches. A little more care regarding this would be greatly appreciated.

We will discuss these issues with the mowing companies and site managers on the grass clippings. Thank you for the positive comments on maintenance.

6. Capital improvements. The RAB greatly appreciates the capital improvements made by the Housing Authority in the last year. We felt that the extra funding from the federal government for this purpose has been used wisely and well. We want to thank the Housing Authority for this.

During our discussion with Mr. Cunningham, he explained that perhaps the Housing Authority may be looking at demolishing Lee, or at the very least restructuring the neighborhood. Given the fact that we have significant experience with HOPE VI from the Riverview project, the RAB discussed this at length.

We understand the need for thinning out the population density and for creating newer homes where old ones exist. However, we are adamantly against the idea that anyone would lose their home. Therefore, we feel that given the fact that de-concentration would require fewer units and fewer residences at that site, the replacement of the reduction of number units be made up at least with vouchers. In other words, no one should lose their KHRA rental subsidy due to demolition or HOPE VI renewal of Lee. We feel that given the economic circumstances of the times, the Community of Kingsport cannot afford to lose any more affordable housing. We see

where vouchers enable individuals to make their own choices, whether they wish to return to the old neighborhood or move somewhere more to their liking.

We feel that the HOPE VI project in Riverview was correct in allowing previous residents who were originally from the neighborhood go back first, because there is a strong connection and history to growing up somewhere. However, we also understand that not everyone could go back. But no one should lose a subsidy.

Finally, in this regard, we feel that if the Housing Authority undertakes a HOPE VI (or similar) project for Lee, they make it very clear (and much clearer than they did in the Riverview project) the rules for returning to the original neighborhood. Despite the fact the residents in the Riverview project were told that would be additional requirements, (including work and schooling, etc.), in order for them to return, this was not stressed enough to make it clear. For instance, the entire Board of the RAB was unaware that there would be rules to return to the old Riverview neighborhood until the project was well underway. This needs to be stressed in the future so that people can be aware of this before the project at Lee is undertaken or even applied for.

We will work to make sure that on any future revitalization efforts that all current residents continue to receive housing assistance. This was the case on the Riverview Hope VI project. All Riverview residents received relocation assistance and moved to Section 8 or another Public Housing location. All provisions of HOPE VI will be emphasized to all current residents.

7. KHRA Board. For a number of years now we have urged the Kingsport Housing and Redevelopment Board to allow the tenants to select the resident member that sits on the KHRA Board. We are aware that the law states that the mayor selects the Board member and that that is out of the hands of the KHRA Board. However, while the law states that the mayor appoint a resident representative, the Board should urge the mayor to agree that a representative elected by the tenants be the representative that he or she (the mayor) appoints to the Board. We feel that the tenants should have a direct representative.

We follow Tennessee State Code and HUD regulations concerning board vacancies. Mayor of Kingsport cooperated with appointing KHRA resident leaders, Grace Simpson, Johnny Richer and Nedra Griffin during the time this requirement to have a program participant on the Board of Commissioners.

8. Maintenance plan. It was described to us that the maintenance plan of the Housing Authority was being revised and reviewed and would be presented later. Since we do not have a copy of it now we can make no comments on it but will reserve comment at such time as we have the ability to review it.

We have an updated Maintenance Plan. As part of the revisions we have renamed it and now refer to it as an Operation and Maintenance Plan.

Thank you for your participation and we look forward to working with you as part of KITE Resident Council.

Sincerely,
SANDRA BLY
ARLENA LOVIN
FAY REED
SHARONSWANNER
(attended meeting for Fay Reed who was unable to attend)
WILLIE OVERBAY
DEBBIE CASH
MARY BEATTY

Housing Choice Voucher RAB Comments with Recommendations

After meeting with Mr. Cunningham and going over the Agency plan for the year, the RAB met privately and discussed various topics.

First of all, as a Resident Advisory Board we think that the Kingsport Housing and Redevelopment Authority (KHRA) does a very good job in its Section 8 Program. We are particularly pleased with the in-house voucher management and feel that they make every effort to have the best program possible. We also feel that they listen to us throughout the year, not only at comment time. Having said that our comments are as follows:

We want to thank the participants of the 2010 Section 8/Housing Choice Voucher Resident Advisory Board. Your comments on our proposed agency plan are important. Also, I appreciate your participation and that we welcome your input throughout the year.

1. **Homeownership.** We continue to laud the KHRA on its homeownership efforts. It is clear that homeownership is an asset. Accumulation of assets is one of the touchstones to leaving poverty behind. KHRA continues to press forward on this and continues to place more and more people in homes. We urge KHRA to make every effort to continue to do this.

We will continue to work with HCV holders to become homeowners. We have moved this responsibility to the Freshstart Foundation staff.

2. **Homelessness.** It was explained to us that KHRA has been participating in the Shelter Plus Care Program which places homeless individuals in homes throughout our area. We understand that while many of the homeless individuals are residing in Washington County due to proximity to various services, we feel that an area wide effort in Upper East Tennessee regarding homelessness is a valuable asset to our communities and the KHRA should be urged to continue to pursue this. We also feel it is important that KHRA work with various other homeless agencies as they have in the past.

KHRA continues to look for ways to assist with the elimination of homelessness in the eight county region of East Tennessee. We are currently assisting over 150 households through Shelter plus Care, supportive housing and HOPWA.

3. **Payment Standard.** Last year we requested that the payment standard be continued at 110% despite urgings of HUD to lower it. The KHRA Board adopted this position and we thank you for listening to us.

We want to continue to maintain the payment standard at the 110% level. We believe this gives program participants a wider choice of housing and also helps with achieving the goal of homeownership.

4. **Moving to Work.** Like the payment standard last year, we took a position on the Moving to Work Program. At that time we felt that Moving to Work was not for the Kingsport Housing Authority, and that family self-sufficiency (optional) was far superior, and we should stick with the family self-sufficiency model. The Board of Commissioners agreed with this and kept the family self-sufficiency model and decided not to go into the Moving to Work Program. We thank you for listening to us.

KHRA will continue to work with families on a voluntary basis through Family Sufficiency Program.

5. **Crime.** Last year we had specific neighborhoods that we felt should be targeted for the next crime stopping efforts and grants. It is our understanding that there are no funds available this year but we urge the Housing Authority to keep in mind our suggestions and find whatever funds they can to target the areas we spoke of before.

KHRA is working with the Kingsport Police Department and a coalition of community groups through a new grant, The Targeted Community Crime Reduction Program. Some of the neighborhoods targets have a high percentage of low-income rentals. We are hopeful this grant will address some of your concerns.

6 **Elderly Programs.** We were told that KHRA has been awarded a ROSS Grant for additional services to elderly in public housing in the Kingsport Housing Authority. Unfortunately, this is not available to voucher holders. In the past we have urged the Housing Authority Board of Commissioners to work on a state wide scale in order to urge lawmakers and policy makers to allow elderly persons to spend more time in their homes with minor ailments. The State of Tennessee's insistence on services only being available in a nursing home is counter-productive to both the individual's wellbeing and the fiscal wellbeing of the state. We continue to urge you to work on programs available to elderly to keep them in their own homes as long as possible. These should be available not only to public housing residents, but to voucher residents also.

We are concerned about the lack of resources for elderly to live in their homes. We hope that a new governor and administration will bring a different focus on this problem.

7. **Vouchers.** In the past KHRA has been very aggressive in searching out and applying for any available vouchers. We urge the KHRA to continue to do that. Our area is in bad need of affordable housing and with additional vouchers it will encourage the building of affordable housing for the betterment of all.

KHRA continues to apply for any additional voucher dollars to assist low-income families. We recently applied for Family Unification Vouchers.

8. **Waiting List.** The operation of the waiting list in Section 8 voucher was explained to us. While we understand the pros and cons of the argument, we feel that leaving it constantly open, as KHRA does, is the appropriate way to handle the situation. This way KHRA is continually aware of the actual needs of the community and not just a snapshot. We also agree that the preferences given to those who need a reasonable accommodation in public housing, those who are in the home ownership program, and those experiencing domestic violence are good preferences that should be kept in place.

It is our current policy to continue to take applications. Also, we plan to continue the preferences as outlined in the Administrative Plan.

We thank you again for taking our comments seriously in the past and look forward to working with you in the future.

Sincerely,
LARHONDA ROBINSON
MARY STALLARD
MAXINE DARNELL
PATTY FLETCHER

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part I: Summary

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

Capital Fund Number
TN07900501-07

FY of Grant Approval
2007

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number F
☒ Performance and Evaluation Report for Program Year Ending 9/30/10 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ³	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-	-	-	-
2	1406 Operations	173,600	173,600	173,600	173,600
3	1408 Management Improvements	206,714	178,066	178,066	178,066
4	1410 Administration	\$56,456	\$56,456	\$56,456	\$56,456
5	1411 Audit	-	-	-	-
6	1416 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	\$41,152	41,152	\$41,152	\$41,152
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	87,558	58,150	58,150	58,150
10	1460 Dwelling Structures	192,588	250,644	187,712	187,712
11	1465.1 Dwelling Equipment - Nonexpendable	23,366	23,366	23,366	23,366
12	1470 Nondwelling Structures	30,479	30,479	30,479	30,479
13	1475 Nondwelling Equipment	30,799	30,799	30,799	30,799
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$842,712	\$842,712	\$778,780	\$778,780
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-

Signature of Executive Director and Date
X *Terry W. Cunningham* 1/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

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**Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages**

**US Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577 - 0157 (Exp. 08/10/2005)

Development Number / Name Major/Minor Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work *
				Original	Revised ¹	Funds Delegated ²	Funds Expended ²	
PHA-Wide Management Improvements	Operations Vista Workers Vista Office Supplies Resident Training Resident Initiatives Manager Resident Initiatives Supplies Mgt/Valer Training C/P/Chances Assistant UPCS Inspection Services Telecom/Computer Upgrades/Security Cameras Resident Business Development HVAC Technical Services Salary/Wage Study	1408 1408 1408 1408 1408 1408 1408 1408 1408 1408 1408 1408 1408		173,600	173,600	173,600	173,600	C
				61,500 5,386 2,618 42,000 1,037 14,000 12,000 9,013	61,500 5,386 2,618 42,000 1,037 14,000 12,000 9,013	61,500 5,386 2,618 42,000 1,037 14,000 12,000 9,013	61,500 5,386 2,618 42,000 1,037 14,000 12,000 9,013	C C C C C C C C
				47,787 0 0 17,979	47,787 0 0 17,979	47,787 0 0 17,979	47,787 0 0 17,979	C C C C
				206,714	178,046	178,046	178,046	
PHA-Wide Administration	Med Management/Employee Benefits Sundry Telephone Local Travel	1410 1410 1410 1410		54,042 33 499 1,892	54,042 33 499 1,892	54,042 33 499 1,892	54,042 33 499 1,892	C C C C
				556,456	556,456	556,456	556,456	
PHA-Wide Fees & Costs	A and E Fees PHA Wide Inspector / Employee Benefits Energy Services Contract	1430 1430 1430		16,590 24,572 0	16,590 24,572 0	16,590 24,572 0	16,590 24,572 0	C C C
				441,152	441,152	441,152	441,152	
PHA Wide Non-Dwelling Equipment	Monthly Vehicle	1475		30,799	30,799	30,799	30,799	C
				330,799	330,799	330,799	330,799	

Signature of Executive Director and Date
X *Terry W. Clark* **1/12/2011**
 Terry W. Clark, Executive Director
 Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X
 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 * To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

CMB Approval No. 2577 - 0157 (Exp. 3/31/2002)

Development Number / Name Master/ Emergency Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ¹	Funds Expended ¹	
PHA Wide	Neighborhood Appearance Landscaping Sidewalk/Parking Lot/Allyway Streets Fence Repairs Pest Control Playground Improvements Security Cameras	1420 1420 1420 1420 1420 1420 1420		27,200 15,000 25,000 14,050 2,800 2,620 7,089	18,379 6,418 8,894 14,050 2,800 2,620 7,089	18,379 6,418 8,894 14,050 2,800 2,620 7,089	18,379 6,418 8,894 14,050 2,800 2,620 7,089	C C C C C C C
PHA Wide	Refrigerators Dumplings Repair ADA Modifications Emergency Mold Abatement HVAC Equipment	1485.1 1485.1 1485.1 1485.1 1485.1		12,000 0 291 1,760 9,315	12,000 0 291 1,760 9,315	12,000 0 291 1,760 9,315	12,000 0 291 1,760 9,315	C C C C C
Lee	Interior Doors	1420		0	0	0	0	C
TN 27P006004	Replace Water Vents Repair Gym Ceiling Replace HVAC	1420 1420 1420		45,000 30,479 0	45,000 30,479 58,056	45,000 30,479 58,056	40,124 30,479 79,603	C C C
TN 27P006007	Replace Windows Security Screens	1420 1420		99,716 0	99,716 0	99,716 0	99,716 0	C C
TN 27P006009	Kitchen Cabinets/Countertops	1420		42,730	42,730	42,730	42,730	C
Holly Hills				42,730	42,730	42,730	42,730	
TN 27P006011	Replace Awnings	1420		5,142	5,142	5,142	5,142	C
Tatamy Court				5,142	5,142	5,142	5,142	

Signature of Executive Director and Date
X *Terry W. Cunningham* 4/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X 4/12/2011

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

¹ To be completed for the Performance and Evaluation Report.

Annual Statement Performance and Evaluation Report
Capital Fund Program (CFP) Part III: Implementation Schedule

US Department of Housing
 and Urban Development
 Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Rev. 3/31/2002)

Development Number/Name Disaster/Emergency Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ¹	Original	Revised ¹	Actual ²	
1406							Approved \$ Quarter ending Obligate 18 mos after available Expend 3 yrs after available
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Signature of Executive Director and Date

X *T.W. Clark*

1/12/2011

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Terry W. Curran, Executive Director

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part I: Summary

US Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577 - 0157 (Exp. 3/31/2002)

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

Capital Fund Number
TN37P006501-08

FY of Grant Approval
2008

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number 0
+ Performance and Evaluation Report for Program Year Ending 09/30/2010 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-	-	-	-
2	1406 Operations	182,229	182,229	182,229	182,229
3	1408 Management Improvements	236,972	210,038	210,038	210,038
4	1410 Administration	91,114	91,114	91,114	91,114
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	53,000	53,000	53,000	30,034
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	65,907	64,313	64,313	41,588
10	1460 Dwelling Structures	206,013	236,540	236,540	119,121
11	1465.1 Dwelling Equipment - Nonexpendable	31,456	29,450	29,450	29,450
12	1470 Nondwelling Structures	4,458	4,458	4,458	4,458
13	1475 Nondwelling Equipment	40,000	40,000	40,000	36,782
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$911,142	\$911,142	911,142	744,785
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-

Signature of Executive Director/And Date
X *Terry W. Cunningham* 1/13/2010

Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
+ To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2517-0187 (Rev. 10/12/2002)

Development Number / Name NA-NA-NA Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Disbursed ²	Funds Expended ²	
PHA-Wide Management Improvements	Operations Vista Workrooms Vista Office Supplies Resident Training Resident Initiatives Manager Resident Initiatives Supplies Mortgage Training CFP/Clinical Assistant UPICS Inspection/Services Telecomm/Computer Upgrades/Security Cameras Resident Business Development HVAC Technical/Services Energy Audit	1426 1426 1426 1426 1426 1426 1426 1426 1426 1426 1426 1426		182,229	182,229	182,229	182,229	
				41,054 8,000 8,000 42,000 2,000 5,208 12,000 1,000	41,054 8,000 3,729 47,828 1,860 5,208 3,844 922	41,054 8,000 3,729 47,828 1,860 5,208 3,844 922	41,054 8,000 3,729 47,828 1,860 5,208 3,844 922	C C C C C C C C
				100,000 1,000 1,000 17,500 236,972	85,473 0 0 17,500 210,038	85,473 0 0 17,500 210,038	85,473 0 0 17,500 210,038	C D D C C
PHA-Wide Administration	Administration	1410		91,114	91,114	91,114	91,114	C
				\$91,114	\$91,114	\$91,114	\$91,114	
PHA-Wide Fees & Costs	A and E Fees PHA Wide Inspector / Employee Benefits	1430 1430		28,000 20,000	28,000 20,000	28,000 20,000	28,000 20,000	C C
				\$53,000	\$53,000	\$53,000	\$53,000	
PHA Wide Non-Dwelling Equipment	Maintenance Vehicle	1475	2	40,000	40,000	40,000	36,752	
				\$40,000	\$40,000	\$40,000	\$36,752	

Signature of Executive Director and Date
X *Terry W. Cunningham* 1/13/2010 X
Terry W. Cunningham, Executive Director
Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X _____ X
¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

CMB Approval No. 2577 - 0157 (Exp. 3/31/2020)

Development Number / Name NA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance Landscaping	1450		20,000	20,000	20,000	14,915	
	Sidewalk/Parking Lot/Sidewalk Streets	1450		20,000	20,000	20,000	2,381	
	Fence Repairs	1450		21,149	21,149	21,149	21,149	C
	Pest Control	1450		1,000	408	408	408	C
	Playground Improvements	1450		2,758	2,758	2,758	2,758	C
PHA Wide Dwelling Equipment	Refrigerators	1405.1		85,907	64,313	64,313	41,289	
	Dumpster Repair	1405.1		17,700	17,700	17,700	17,700	C
	ADA Modifications	1405.1		9,377	9,377	9,377	9,377	C
	Emergency Mold Abatement	1405.1		2,373	2,373	2,373	2,373	C
	HVAC Equipment	1405.1		1,000	0	0	0	C
TN 37P006601 Lee	Replace Front Storm Doors	1400		31,459	29,450	29,450	29,450	
				0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
TN 37P006604 Cloud	Replace Front Storm Doors	1400		87,763	118,250	118,250	871	
	Emergency HVAC Replacements	1400		87,763	118,250	118,250	871	
				0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
TN 37P006607 Dogwood	Install House Meters	1400		0	0	0	0	D
	Install Building Lights	1400		0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
TN 37P006609 Holy Hills	Replace Roofing & Gutters	1400		118,250	118,250	118,250	118,250	C
				0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
TN 37P006611 Tiffany Court	Replace Gutters	1400		0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
				0	0	0	0	D
TN 37P006601 TN 37P006607 TN 37P006605	6-1 Community Building Office Expansion	1470		1,000	1,000	1,000	1,000	C
	6-7 Community Building Office Expansion	1470		1,000	1,000	1,000	1,000	C
	6-8 Community Building Office Expansion	1470		2,458	2,458	2,458	2,458	C
				4,458	4,458	4,458	4,458	
				4,458	4,458	4,458	4,458	

Signature of Executive Director and Date

X *T.W. [Signature]*

1/13/2010

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Terry W. Cunningham, Executive Director

To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part III: Implementation Schedule

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							Approved \$ Quarter ending Obligate 18 mos after available Expend 3 yrs after available
1408							
1410							
1430							
1450							
1460							
1485.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Signature of Executive Director and Date
X *Terry W. Cunningham* 1/13/2010
Terry W. Cunningham, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X
To be completed for 825 Performance and Evaluation Report or a Revised Annual Statement.
To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part I: Summary

US Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577 - 0157 (Exp. 3/31/2002)

Kingsport Housing & Redevelopment Authority
PO Box 44 Kingsport, TN 37662

Capital Fund Number
TN37P06501-09

FY of Grant Approval
2009

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number C
☒ Performance and Evaluation Report for Program Year Ending 09/30/2011 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Total Estimated Cost Revised ¹	Obligated	Total Actual Cost ² Expended
1	Total Non-CGP Funds	-			
2	1406 Operations	-			
3	1408 Management Improvements	44,900	42,400	42,400	21,645
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	10,500	\$10,500	\$10,500	\$3,827
8	1440 Site Acquisition	-			
9	1450 Site Improvement	20,000	20,000	20,000	\$1,027
10	1460 Dwelling Structures	112,497	112,497	112,497	112,497
11	1465.1 Dwelling Equipment - Nonexpendable	6,333	7,333	7,333	\$6,468
12	1470 Non dwelling Structures	189,004	-	-	-
13	1475 Non dwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1498 Mod Used for Development	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant (Sum of lines 2-19)	\$365,234	192,730	192,730	145,484
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Compliance	-			
23	Amount of line 20 Related to Security	-			
24	Amount of line 20 Related to Energy Conservation Measures	-			

Signature of Executive Director and Date
X *Terry W. Cunningham* 1/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
* To be completed for the Performance and Evaluation Report.

Annual Statement (Performance and Evaluation Report
Capital Fund Program (ICFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OHB Approval No. 2017-0157 (Exp. 3/31/2021)

Development Number / Name NA/NA Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Disbursed ²	Funds Expended ²	
PHA-Wide Management Improvements	Vista Workers	1408		13,300	13,300	13,300	13,300	
	Vista Office Supplies	1408		1,300	1,300	1,300	1,946	
	Resident Training	1408		1,600	1,600	1,600	0	
	Resident Initiatives Manager	1408		14,000	14,000	14,000	4,779	
	Resident Initiatives Supplies	1408		600	600	600	517	
	Mgt/Staff Training	1408		1,600	1,600	1,600	1,108	
	UP/CS Inspection/Services	1408		500	500	500	0	
	Telecomm/Computer Upgrade/Security	1408		9,000	9,000	9,000	282	
	Cameras	1408		200	0	0	0	
	Resident Business Development	1408		500	500	500	60	
	H&AC Technical Services	1408		1,000	0	0	0	
	Long Term Asset Management Plan	1408		1,000	0	0	0	
	Salary Wage Study	1408		44,300	42,400	42,400	21,645	
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1420		10,000	10,500	10,500	3,827	
	Tech Serv Long Term Asset Mgt Plan	1420		500	0	0	0	
				\$10,500	\$10,500	\$10,500	\$3,827	

Signature of Executive Director and Date

X *Terry W. Cunningham* 1/12/2011

Terry W. Cunningham, Executive Director

To be completed for the Performance and Evaluation Report or a Revised Annual Statement

² To be completed for the Performance and Evaluation Report.

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

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Annual Statement of Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0107 (Exp. 3/31/2002)

Development Number / Name HA/PHA Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		8,000	8,000	8,000	0	
	Landscaping	1450		8,000	8,000	8,000	0	
	Sidewalk/curbing Lots/Alleys/Streets	1450		1,000	1,000	1,000	688	
	Fence Repairs	1450		1,000	1,000	1,000	0	
	Pest Control	1450		1,000	1,000	1,000	0	
PHA Wide Dwelling Equipment	Playground Improvements	1450		1,000	1,000	1,000	359	
	Refrigerators	1465.1		20,000	20,000	20,000	\$1,927	
	Dumpster Repair	1465.1		0.333	6,333	6,333	0.056	
	ADA Modifications	1465.1		500	0	0	0	
	Emergency Mice Abatement	1465.1		500	0	0	410	
TN 37P000001 Lee	HVAC Equipment	1465.1		500	500	500	0	
	Install Covers over Crackspace Entrances	1460		8,333	7,333	7,333	\$6,468	
	Replace HVAC	1460		0	0	0	0	
				112,487	112,487	112,487	112,487	
				112,487	112,487	112,487	112,487	
Comm Buildings & Offices Expansion / Renovations / Unspecified Needs ANPI 6-1	Lee Apartments	1470		169,004	0	0	0	
				169,004	0	0	0	
				169,004	0	0	0	
				169,004	0	0	0	
				169,004	0	0	0	
Signature of Executive Director and Date X <i>T.W.G.</i> 1/12/2011				Signature of Public Housing Director/Chief of Native American Programs Administrator and Date X				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part III: Implementation Schedule**

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No 2577 - 0157 (Exp 2012/2002)

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							Approved \$ Quarter ending Obligate 18 mos after available Expend 3 yrs after available
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Signature of Executive Director and Date

X *T.W. Sullivan*

1/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

Terry W Cunningham, Executive Director

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

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Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part I: Summary

US Department of Housing and Urban Development
Office of Public and Indian Housing

CMB Approval No. 2577 - 0157 (Exp. 3/31/2002)

Kingsport Housing & Redevelopment Authority
PO Box 44 Kingsport, TN 37662

Capital Fund Number
TN37P006501-08

FFY of Grant Approval
2006

Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number C
Performance and Evaluation Report for Program Year Ending 9/30/2010 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Total Estimated Cost	Revised ¹	Obligated	Total Actual Cost ²	Expended
1	Total Non-CGP Funds	-	-	-	-	-	-
2	1406 Operations	-	-	-	-	-	-
3	1408 Management Improvements	44,900	-	42,400	42,400	42,400	21,545
4	1410 Administration	-	-	-	-	-	-
5	1411 Audit	-	-	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-	-	-
7	1430 Fees and Costs	10,500	-	\$10,500	\$10,500	\$10,500	\$3,527
8	1440 Site Acquisition	-	-	-	-	-	-
9	1450 Site Improvement	20,000	-	20,000	20,000	20,000	\$1,027
10	1460 Dwelling Structures	50,903	-	227,407	\$227,407	7,333	\$0
11	1465.1 Dwelling Equipment - Nonexpendable	8,333	-	7,333	7,333	7,333	\$6,468
12	1470 Nondwelling Structures	3,811	-	3,811	3,811	3,811	3,511
13	1475 Nondwelling Equipment	-	-	-	-	-	-
14	1485 Demolition	-	-	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$138,447	-	311,451	311,451	311,451	36,778
21	Amount of line 20 Related to LBP Activities	-	-	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-	-	-

Signature of Executive Director and Date

X *Terry W. Cunningham* 1/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

Terry W. Cunningham, Executive Director

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

CHE Approval No. 2977 - (018) (Rev. 3/31/2002)

Development Number / Name PHA Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ³
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Vista Workers	1408		13,300	13,300	13,300	13,300	
	Vista Office Supplies	1408		1,300	1,300	1,300	1,549	
	Resident Training	1408		1,500	1,500	1,500	0	
	Resident Initiatives Manager	1408		14,000	14,000	14,000	4,779	
	Resident Initiatives Supplies	1408		500	500	500	517	
	Mgt/Maint Training	1408		1,500	1,500	1,500	1,156	
	UPCS Inspection/Services	1408		500	500	500	0	
	Telecomm/Computer Upgrade/Security	1408		8,000	8,000	9,000	262	
	Cameras	1408		500	500	500	0	
	Resident Business Development	1408		500	500	500	60	
	HVAC Technical Services	1408		1,000	1,000	1,000	0	
	Long Term Asset Management Plan	1408		1,000	1,000	1,000	0	
	Salary Wage Study	1408		44,900	44,900	44,505	21,845	
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		10,000	10,500	10,500	3,827	
	Tech Serv Long Term Asset Mgt Plan	1430		500	0	0	0	
				\$10,500	\$10,500	\$10,500	\$3,827	

Signature of Executive Director and Date

X *Terry W. Carrigan* 1/12/2011

Terry W. Carrigan, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2537 - 0157 (E.O. 301/0002)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		0.000	0.000	0.000	0	
	Landscaping	1450		0.000	0.000	0.000	0	
	Sidewalk/Paving Lots/Alleys/Streets	1450		1.000	1.000	1.000	000	
	Fence Repairs	1450		1.000	1.000	1.000	0	
	Pest Control	1450		1.000	1.000	1.000	0	
	Playground Improvements	1450		1.000	1.000	1.000	330	
				20.000	20.000	20.000	\$1,027	
PHA Wide Dwelling Equipment	Refrigerators	1405.1		6.333	6.333	6.333	6,058	
	Dumpster Repair	1405.1		000	0	0	0	
	ADA Modifications	1405.1		500	500	500	410	
	Emergency Mold Assessment	1405.1		500	0	0	0	
	HVAC Equipment	1405.1		500	500	500	0	
				8.333	7.333	7.333	\$6,468	
TN 37P036004 Cloud	Replace Roofing & Gutters	1400		0	0	0	0	
	Emergency HVAC Replacements	1400		60,000	227,407	227,407	0	
				60,000	227,407	227,407	\$0	
Coram Buildings & Offices Expansion / Renovations / Unexpected Needs								
AMPS 6-4	Cloud Apartments	1470		3,811	3,811	3,811	3,811	
				3,811	3,811	3,811	3,811	
				3,811	3,811	3,811	3,811	

Signature of Executive Director and Date
Terry W. Chisney, Executive Director
1/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part III: Implementation Schedule**

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577 - 0167 (Exp. 3/31/2002)

Development Number/Name HIA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							Approved \$ Quarter ending Obligate 18 mos after available Expend 3 yrs after available
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN 37P006001							
TN 37P006002							
TN 37P006003							
TN 37P006004							
TN 37P006007							
TN 37P006009							
TN 37P006011							

Signature of Executive Director and Date

X  1/12/2011

Terry W. Cunningham, Executive Director

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

X

¹ To be completed for the Performance and Evaluation Report of a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

501-09 AMF2

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part I: Summary

US Department of Housing and Urban Development
Office of Public and Indian Housing
OMB Approval No. 2517 - 0157 (Exp. 3/31/2002)

Kingsport Housing & Redevelopment Authority
PO Box 44 Kingsport, TN 37662

Capital Fund Number
TN17P006501-09
FY of Grant Approval
2009

☒ Original Annual Statement
☐ Revised Annual Statement/Revision Number C
Performance and Evaluation Report for Program Year Ending 9/30/2010
☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Total Estimated Cost Revised ¹	Obligated	Total Actual Cost ² Expended
1	Total Non-CGP Funds	-	-	-	-
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	44,900	45,700	46,700	21,745
4	1410 Administration	-	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	10,500	\$10,500	\$10,500	3,827
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	20,000	20,000	20,000	1,027
10	1460 Dwelling Structures	189	189	189	189
11	1465.1 Dwelling Equipment - Nonexpendable	8,333	8,333	8,333	6,489
12	1470 Nondwelling Structures	2,000	2,000	2,000	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$85,922	86,722	86,722	33,277
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-

Signature of Executive Director and Date
X *Terry W. Cunningham* 1/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577 - 0157 (Exp. 3/31/2012)

Development Number / Name HSA/PHA Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ³
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Vista Workers	1408		13,400	13,400	13,400	13,400	
	Vista Office Supplies	1408		1,400	1,400	1,400	1,949	
	Resident Training	1408		1,800	1,800	1,800	0	
	Resident Initiatives Manager	1408		14,000	14,000	14,000	4,779	
	Resident Initiatives Supplies	1408		800	800	800	517	
	MyVMIent Training	1408		1,800	1,800	1,800	1,158	
	UPCS Inspection/Services	1408		500	500	500	0	
	Telecom/Computer Upgrade/Security	1408		8,000	8,000	8,000	282	
	Carriers	1408		500	500	500	0	
	Resident Business Development	1408		500	500	500	60	
	WVAC Technical Services	1408		1,000	1,000	1,000	0	
	Long Term Asset Management Plan	1408		1,000	1,000	1,000	0	
	Salary Wage Study	1408		45,708	45,708	45,708	21,345	
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		10,000	10,000	10,000	3,827	
	Tech Serv Long Term Asset Mgr Plan	1430		500	500	500	0	
				\$10,500	\$10,500	\$10,500	3,827	

Signature of Executive Director and Date
X  1/12/2011
Terry W. Cunningham, Executive Director

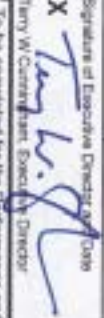
Signature of Public Housing Director/Office of Indian American Programs Administrator and Date
X
To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

CMS Approval No 2577 - 0157 (Exp 30/1/2000)

Development Number / Name HA/NA Activities	Current Description of Major Work Components	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ³
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		8,000	8,000	8,000	0	
	Landscaping	1450		8,000	8,000	8,000	0	
	Streets/Parking Lots/Alleys/Streets	1450		1,000	1,000	1,000	888	
	Fence Repairs	1450		1,000	1,000	1,000	0	
	Pest Control	1450		1,000	1,000	1,000	0	
PHA Wide Dwelling Equipment	Playground Improvements	1450		1,000	1,000	1,000	309	
	Refrigerators	1450.1		20,000	20,000	20,000	1,927	
	Dumpster Repair	1450.1		6,333	6,333	6,333	9,008	
	ADA Modifications	1450.1		500	500	500	0	
	Emergency Mold Abatement	1450.1		500	500	500	410	
TN 37P006007 Dogwood	HVAC Equipment	1450.1		500	500	500	0	
				8,333	8,333	8,333	6,468	
	Replace Window/Security Screens	1450		0	0	0	0	
				0	0	0	0	
				0	0	0	0	
TN 37P006009 Holly Hills	Replace Roofing & Gutters	1450		189	189	189	189	
AMPS 6-7 AMPS 6-8 AMPS 6-9	Corrin Buildings & Offices Expansion / Renovations / Unexpended Needs							
	Dogwood Terrace Apartments	1470		0	0	0	0	
	Holly Hills Apartments	1470		0	0	0	0	
	Administration Building (Main Office)	1470		2,000	2,000	2,000	0	
				2,000	2,000	2,000	0	

Signature of Executive Director / Date
 1/12/2011 X
 Terry W. Curry, Executive Director
 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 To be completed for the Performance and Evaluation Report.
 Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program

US Department of Housing and Urban Development
Office of Public and Indian Housing
CMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

Capital Fund Number
10050000409
FY of Grant Approval
2009

☐ Original Annual Statement ☐ Revised Annual Statement/Revision Number 15
* Performance and Evaluation Report for Program Year Ending 9/30/10 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Total Estimated Cost	Revised ¹	Obligated	Total Actual Cost ²	Expended
1	Total Non-CGP Funds	-	-	-	-	-	-
2	1406 Operations	-	-	-	-	-	-
3	1406 Management Improvements	-	-	-	-	-	-
4	1410 Administration	86,731	78,190	78,190	78,190	-	-
5	1411 Audit	-	-	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-	-	-
7	1430 Fees and Costs	86,731	25,095	25,095	25,095	6,000	-
8	1440 Site Acquisition	-	-	-	-	-	-
9	1450 Site Improvement	-	-	-	-	-	-
10	1460 Dwelling Structures	-	-	-	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-	-	-
12	1470 Nondwelling Structures	893,845	764,022	764,022	764,022	350,567	-
13	1475 Nondwelling Equipment	-	-	-	-	-	-
14	1485 Demolition	-	-	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$867,307	\$867,307	\$867,307	\$867,307	356,567	-
21	Amount of line 20 Related to LBP Activities	-	-	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-	-	-

Signature of Executive Director and Date

X *Terry W. Cunningham*

1/13/2011

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Terry W. Cunningham, Executive Director

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

* To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program**

**US Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2517 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Administration	Administration	1410		86,731	78,190	0	0	
				\$86,731	\$78,190	\$0	\$0	
				86,731	25,095	25,095	6,000	
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		\$86,731	\$25,095	\$25,095	\$6,000	
				86,731	25,095	25,095	6,000	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program**

**US Department of Housing
and Urban Development
Office of Public and Indian Housing**

CMB Approval No. 2677 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN0060000005 Riverview	Solar Panel Farm (on top of Community Center)	1470		303,845	394,038	394,038	0	
				303,845	394,038	394,038	0	
				390,000	389,984	389,984	350,567	
TN0060000005 Riverview	Install Geothermal HVAC Systems	1470		693,845	784,022	784,022	350,567	
				390,000	389,984	389,984	350,567	
				303,845	394,038	394,038	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report US Department of Housing
Capital Fund Program, Capital Fund Replacement Housing I and Urban Development
Capital Fund Financing Program Office of Public and Indian Housing**

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ¹	Original	Revised ¹	Actual ¹	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN0060000001							
TN0060000002							
TN0060000003							
TN0060000004							

Approved \$ Quarter ending
Obligate 18 mos after available
Expend 3 yrs after available

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program

US Department of Housing and Urban Development
Office of Public and Indian Housing
CMB Approval No. 2577 - 0226 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

Capital Fund Number
10050000409
FY of Grant Approval
2009

☐ Original Annual Statement ☐ Revised Annual Statement/Revision Number 15
* Performance and Evaluation Report for Program Year Ending 9/30/10 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Total Estimated Cost	Revised ¹	Obligated	Total Actual Cost ²	Expended
1	Total Non-CGP Funds	-	-	-	-	-	-
2	1406 Operations	-	-	-	-	-	-
3	1406 Management Improvements	-	-	-	-	-	-
4	1410 Administration	86,731	78,190	78,190	78,190	-	-
5	1411 Audit	-	-	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-	-	-
7	1430 Fees and Costs	86,731	25,095	25,095	25,095	6,000	-
8	1440 Site Acquisition	-	-	-	-	-	-
9	1450 Site Improvement	-	-	-	-	-	-
10	1460 Dwelling Structures	-	-	-	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-	-	-
12	1470 Nondwelling Structures	893,845	764,022	764,022	764,022	350,567	-
13	1475 Nondwelling Equipment	-	-	-	-	-	-
14	1485 Demolition	-	-	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$867,307	\$867,307	\$867,307	\$867,307	356,567	-
21	Amount of line 20 Related to LBP Activities	-	-	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-	-	-

Signature of Executive Director and Date

X *Terry W. Cunningham*

1/13/2011

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Terry W. Cunningham, Executive Director

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

* To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program**

**US Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2517 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Administration	Administration	1410		86,731	78,190	0	0	
				\$86,731	\$78,190	\$0	\$0	
				86,731	25,095	25,095	6,000	
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		\$86,731	\$25,095	\$25,095	\$6,000	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program**

**US Department of Housing
and Urban Development
Office of Public and Indian Housing**

CMB Approval No. 2677 - 0226 (Exp. 4/30/2011)

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN0060000005 Riverview	Solar Panel Farm (on top of Community Center)	1470		303,845	394,038	394,038	0	
				303,845	394,038	394,038	0	
				390,000	389,984	389,984	350,567	
TN0060000005 Riverview	Install Geothermal HVAC Systems	1470		693,845	784,022	784,022	350,567	
				390,000	389,984	389,984	350,567	
				303,845	394,038	394,038	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

**Annual Statement /Performance and Evaluation Report US Department of Housing
Capital Fund Program, Capital Fund Replacement Housing I and Urban Development
Capital Fund Financing Program**

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ¹	Original	Revised ¹	Actual ¹	
1406							Approved \$ Quarter ending Obligate 18 mos after available Expend 3 yrs after available
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN0060000001							
TN0060000002							
TN0060000003							
TN0060000004							

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.² To be completed for the Performance and Evaluation Report.

TN0060000429r

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP 1		Grant Type and Number Capital Fund Program Grant No: TN37P00650110 Replacement Housing Factor Grant No: Date of CFP:		FY of Grant: 2010 FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: A)		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ²						
3	1408 Management Improvements	44,900	44,900		44,900	3069	
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audio						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	10,500	10,500		10,500	10,574	
8	1440 Site Acquisition						
9	1450 Site Improvement	20,000	20,000		20,000	0	
10	1460 Dwelling Structures	199,804	6,000	6,000	6,000	0	
11	1465.1 Dwelling Equipment—Nonseparable	6,000	6,000		6,000	0	
12	1470 Non-dwelling Structures	101,000	1,000		1,000	1,000	
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FY of Grant: 2010		FY of Grant Approval:	
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Grant Type and Number: Capital Fund Program Grant No: TN37900650110 Replacement Housing Factor Grant No: Date of CFP:					
Lee Apartments							
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost	Revised ¹	Obligated	Total Actual Cost ¹	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	382,204	88,400	88,400	10,574		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director <i>T. H. S.</i>		Date <i>1/17/2011</i>		Signature of Public Housing Director		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

Part II: Supporting Pages				Federal FFY of Grant: 2010			
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Grant Type and Number Capital Fund Program Grant No: TN37P00650110 CFPP (Yes/No): No Replacement Housing Factor Grant No:					
AMP 1 Lee Apartments							
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ³
PHA-Wide	Vista Workers	1408		13,300	13,300	13,300	2,189
Management Improvements	Vista Office Supplies	1408		1,300	1,300	1,300	375
	Resident Training	1408		1,600	1,600	1,600	0
	Resident Initiatives Manager	1408		14,000	14,000	14,000	0
	Resident Initiatives Supplies	1408		600	600	600	0
	Maint./Mgmt Training	1408		1,600	1,600	1,600	0
	UPCS Inspection Services	1408		500	500	500	0
	Telecom/Computer/Security Cameras	1408		10,000	10,000	10,000	0
	Resident Business Development	1408		500	500	500	0
	HVAC Technical & Equipment	1408		500	500	500	505
	Long Term Asset Mgmt. Plan	1408		1,000	1,000	1,000	0
	Subtotal	1408		44,900	44,900	44,900	3069
	A & E Fees	1430		10,500			
PHA-Wide Fees and Costs	Neighborhood Appearance	1450		8,000	8,000	8,000	0
PHA-Wide Appearances	Landscaping	1450		8,000	8,000	8,000	0
	Sidewalks/Alleys/Parking Lots	1450		1,000	1,000	1,000	0
	Fence Repairs	1450		1,000	1,000	1,000	0
	Pest Control/Emergency Extermination	1450		1,000	1,000	1,000	0
	Playground Improvements	1450		1,000	1,000	1,000	0
	Subtotal	1450		20,000	20,000	20,000	0

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages									
PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP 1 Lee Apartments				Grant Type and Number Capital Fund Program Grant No: TN37900650110 CFPP (Yes/ No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
AMP 1									
Lee Apartments	Install Covers Over Crawl Spaces	1460		20,000	0	0	0		
	Replace Commodes/Aerators/Showerheads	1460		5,000	0	0	0		
	Replace HVAC	1460		65,200	0	0	0		
	Notice Boxes	1460		15,000	0	0	0		
	Wall/Floor/Ceiling Repair	1460		5,000	5,000	5,000	0		
	Replace Commodes/Aerators/Showerheads	1460		5,000	0	0	0		
	Notice Boxes	1460		1,500	0	0	0		
	Wall/Floor/Ceiling Repair	1460		1,000	1,000	1,000	0		
	Subtotal	1460		199,804	6,000	6,000	0		
PHA Wide	Refrigerators	1465		4,000	4,000	4,000	0		
	Dumpster Repairs	1465		500	500	500	0		
	ADA Modifications	1465		500	500	500	0		
	Emergency Mold Abatement	1465		500	500	500	0		
	HVAC Equipment	1465		500	500	500	0		
	Subtotal	1465		6,000	6,000	6,000	0		
	Community Bldgs & Offices Expansions/Renovations/Unexpected Needs								
AMP 1	6-1 Lee Apartments	1470		1,000	1,000	1,000	0		
	Parking Lot Expansion								
AMP 1	6-1 Lee Apartments	1470		100,000	0	0	0		
	Subtotal	1470		101,000	1,000	1,000	0		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Kingsport Housing and Redevelopment Authority (TN)006
AMP 1

Lee Apartments

[illegible]¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2010	
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Grant Type and Number: Capital Fund Program Grant No: TN37P00650110		FFY of Grant Approval:	
AMP 2/Cloud Apartments		Replacement Housing Factor Grant No: _____		Date of CFP: _____	
<input type="checkbox"/> Type of Grant: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
			Revised ²		Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	44,900	45,700	45,700	3,068
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,500	10,500	10,500	10,574
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000	20,000	20,000	0
10	1460 Dwelling Structures	86,104	245,702	245,702	0
11	1465.1 Dwelling Equipment—Nonexpendable	6,000	6,000	6,000	0
12	1470 Non-dwelling Structures	1,000	1,000	1,000	1,000
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part E: Summary				FY of Grant: 2010	
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Grant Type and Number: Capital Fund Program Grant No: TN37P00650110 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant Approval:	
APARTMENTS					
<input type="checkbox"/> Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2010 <input type="checkbox"/> Revised Annual Statement (revision no: A) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost¹
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (sum of lines 2 - 19)	168,504	328,819	328,819	13,642
21	Amount of line 20 Related to LRP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>T. L. R.</i>		Date <i>11/13/2011</i>		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2010			
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Capital Fund Program Grant No: TN3790650110					
AMF 2/Cloud Apartments		CFPP (Yes/No): No					
		Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ³
PHA-Wide	Vista Workers	1408		13,300	13,300	13,300	2,189
Management Improvements	Vista Office Supplies	1408		1,300	1,300	1,300	375
	Resident Training	1408		1,600	1,600	1,600	0
	Resident Initiatives Manager	1408		14,000	14,000	14,000	0
	Resident Initiatives Supplies	1408		600	600	600	0
	Maint./Mgmt Training	1408		1,600	1,600	1,600	0
	UPCS Inspection Services	1408		500	500	500	0
	Telecom/Computer/Security Cameras	1408		10,000	10,000	10,000	0
	Resident Business Development	1408		500	500	500	0
	HVAC Technical & Equipment	1408		500	500	500	505
	Long Term Asset Mgmt. Plan	1408		1,000	1,000	1,000	0
	Subtotal	1408		44,900	44,900	44,900	3,069
PHA-Wide Fees and Costs	A & E Fees	1430		10,500			
PHA-Wide	Neighborhood Appearance	1450		8,000	8,000	8,000	0
Appearances	Landscaping	1450		8,000	8,000	8,000	0
	Sidewalks/Alleys/Parking Lots	1450		1,000	1,000	1,000	0
	Fence Repairs	1450		1,000	1,000	1,000	0
	Pest Control/Emergency Extermination	1450		1,000	1,000	1,000	0
	Playground Improvements	1450		1,000	1,000	1,000	0
	Subtotal	1450		20,000	20,000	20,000	0

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 6/30/2011

Part II: Supporting Pages			Grant Type and Number		Federal FFY of Grant: 2010			
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)			Capital Fund Program Grant No: TN3700650110					
AMP 2/Cloud Apartments			CEFP (Yes/ No): No		Replacement Housing Factor Grant No:			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 2								
Cloud Apartments	Replace Commodes/Accrators/Showerheads	1460		12,404	0	0	0	
	Replace HVAC	1460		48,700	240,702	240,702	0	
	Notice Boxes	1460		20,000	0	0	0	
	Wall/Floor/Ceiling Repair	1460		5,000	5,000	5,000	0	
	Subtotal	1460		86,104	245,702	245,702	0	
PHA Wide	Refrigerators	1465		4,000	4,000	4,000	0	
Dwelling Equipment	Dumpster Repairs	1465		500	500	500	0	
	ADA Modifications	1465		500	500	500	0	
	Emergency Mold Abatement	1465		500	500	500	0	
	HVAC Equipment	1465		500	500	500	0	
	Subtotal	1465		6,000	6,000	6,000	0	
AMP 2	Community Bldgs & Offices Expansions/Renovations/Unexpected Needs							
	6-4 Cloud Apartments	1470		1,000	1,000	1,000	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant: 2010

Federal FY of Grant: 2010

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9 of the U.S. Housing Act of 1937, as amended.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part I: Summary

US Department of Housing and Urban Development
Office of Public and Indian Housing

CMB Approval No. 2577 - 0157 (Exp. 3/31/2002)

Kingsport Housing & Redevelopment Authority
PO Box 44 Kingsport, TN 37662

Capital Fund Number
TN37P006501-09

FY of Grant Approval
2009

☒ Original Annual Statement ☐ Reserve for Disaster/Emergencies ☐ Revised Annual Statement/Revision Number C
☒ Performance and Evaluation Report for Program Year Ending 9/30/2010 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Total Estimated Cost Revised ¹	Obligated	Total Actual Cost ² Expended
1	Total Non-CGP Funds	-			
2	1406 Operations	-			
3	1408 Management Improvements	44,900	45,700	45,700	21,745
4	1410 Administration	-			
5	1411 Audit	-			
6	1415 Liquidated Damages	-			
7	1430 Fees and Costs	10,500	\$10,500	\$10,500	3,827
8	1440 Site Acquisition	-			
9	1450 Site Improvement	20,000	20,000	20,000	1,027
10	1460 Dwelling Structures	189	189	189	189
11	1465.1 Dwelling Equipment - Nonexpendable	8,333	8,333	8,333	6,489
12	1470 Nondwelling Structures	2,000	2,000	2,000	-
13	1475 Nondwelling Equipment	-			
14	1485 Demolition	-			
15	1490 Replacement Reserve	-			
16	1492 Moving to Work Demonstration	-			
17	1495.1 Relocation Costs	-			
18	1498 Mod Used for Development	-			
19	1502 Contingency (may not exceed 8% of line 20)	-			
20	Amount of Annual Grant (Sum of lines 2-19)	\$85,922	86,722	86,722	33,277
21	Amount of line 20 Related to LBP Activities	-			
22	Amount of line 20 Related to Section 504 Compliance	-			
23	Amount of line 20 Related to Security	-			
24	Amount of line 20 Related to Energy Conservation Measures	-			

Signature of Executive Director and Date
X *Terry W. Cunningham* 1/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X

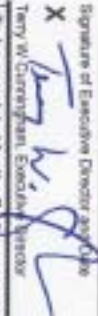
¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577 - 0157 (Exp. 3/31/2012)

Development Number / Name HSA/PHA Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ³
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide Management Improvements	Vista Workers	1408		13,400	13,400	13,400	13,400	
	Vista Office Supplies	1408		1,400	1,400	1,400	1,949	
	Resident Training	1408		1,800	1,800	1,800	0	
	Resident Initiatives Manager	1408		14,000	14,000	14,000	4,779	
	Resident Initiatives Supplies	1408		800	800	800	517	
	MyVMIent Training	1408		1,800	1,800	1,800	1,158	
	UPCS Inspection/Services	1408		500	500	500	0	
	Telecom/Computer Upgrade/Security	1408		8,000	8,000	8,000	282	
	Carriers	1408		500	500	500	0	
	Resident Business Development	1408		500	500	500	60	
	WVAC Technical Services	1408		1,000	1,000	1,000	0	
	Long Term Asset Management Plan	1408		1,000	1,000	1,000	0	
	Salary Wage Study	1408		45,708	45,708	45,708	21,345	
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		10,000	10,000	10,000	3,827	
	Tech Serv Long Term Asset Mgr Plan	1430		500	500	500	0	
				\$10,500	\$10,500	\$10,500	3,827	

Signature of Executive Director and Date
X  1/12/2011
Terry W. Cunningham, Executive Director

Signature of Public Housing Director/Office of Indian American Programs Administrator and Date
X _____


To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement /Performance and Evaluation Report
Capital Fund Program (CFP) Part II: Supporting Pages

US Department of Housing
and Urban Development
Office of Public and Indian Housing

CMS Approval No 2577 - 0157 (Exp 30/1/2000)

Development Number / Name HA/NAH Activities	Current Description of Major Work Components	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ³
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Neighborhood Appearance	1450		8,000	8,000	8,000	0	
	Landscaping	1450		8,000	8,000	8,000	0	
	Streets/Parking Lots/Alleys/Streets	1450		1,000	1,000	1,000	898	
	Fence Repairs	1450		1,000	1,000	1,000	0	
	Pest Control	1450		1,000	1,000	1,000	0	
PHA Wide Dwelling Equipment	Playground Improvements	1450		1,000	1,000	1,000	309	
	Refrigerators	1450.1		20,000	20,000	20,000	1,927	
	Dumpster Repair	1450.1		6,333	6,333	6,333	9,008	
	ADA Modifications	1450.1		500	500	500	0	
	Emergency Mold Abatement	1450.1		500	500	500	410	
TN 37P006007 Dogwood	HVAC Equipment	1450.1		500	500	500	0	
				8,333	8,333	8,333	6,468	
	Replace Window/Security Screens	1450		0	0	0	0	
				0	0	0	0	
				0	0	0	0	
TN 37P006009 Holly Hills	Replace Roofing & Gutters	1450		189	189	189	189	
AMPS 6-7 AMPS 6-8 AMPS 6-9	Corrin Buildings & Offices Expansion / Renovations / Uninspected Needs							
	Dogwood Terrace Apartments	1470		0	0	0	0	
	Holly Hills Apartments	1470		0	0	0	0	
	Administration Building (Main Office)	1470		2,000	2,000	2,000	0	
				2,000	2,000	2,000	0	

Signature of Executive Director / Date
 1/12/2011 X
 Terry W. Curry, Executive Director
 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 To be completed for the Performance and Evaluation Report.
 Signature of Public Housing Director/Office of Native American Programs Administrator and Date
 501-56 AMPS

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FY of Grant: 2010	
PHA Name: Kingsport Housing and Redevelopment Authority (TN000)		Grant Type and Number Capital Fund Program Grant No: TN37P00650110 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant Approval:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement (revision no: A) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/210 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ²	175,944	153,629	153,629	153,629
3	1408 Management Improvements	135,500	135,500	135,500	9,205
4	1410 Administration (may not exceed 10% of line 21)	87,972	76,815	76,815	76,815
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	31,500	31,500	31,500	31,722
8	1440 Site Acquisition				
9	1450 Site Improvement	60,000	60,000	60,000	0
10	1460 Dwelling Structures	239,804	261,702	261,702	0
11	1465.1 Dwelling Equipment—Nonexpendable	18,000	18,000	18,000	0
12	1470 Non-dwelling Structures	106,000	6,000	6,000	0
13	1475 Non-dwelling Equipment	25,000	25,000	25,000	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	96,751			


¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary				FY of Grant: 2010	
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Grant Type and Number Capital Fund Program Grant No: TN37P00650110 Replacement Housing Factor Grant No: Date of CFP: 09/30/2010		FY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no: A) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost¹
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	976,471	768,146	768,146	271,371
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 1/13/2011		Signature of Public Housing Director 	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHEF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages				Grant Type and Number		Federal FFY of Grant: 2010		
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)				Capital Fund Program Grant No: TN37P00650110 CFEP (Yes/ No): No Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Operations	1406		175,944	153,629	153,629	153,629	C
Management Improvements	Vista Workers	1408		40,000	40,000	40,000	6,567	
	Vista Office Supplies	1408		4,000	4,000	4,000	1,124	
	Resident Training	1408		5,000	5,000	5,000	0	
	Resident Initiatives Manager	1408		42,000	42,000	42,000	0	
	Resident Initiatives Supplies	1408		2,000	2,000	2,000	0	
	Maint./Mgmt Training	1408		5,000	5,000	5,000	0	
	UPCS Inspection Services	1408		1,500	1,500	1,500	0	
	Telecom/Computer/Security Cameras	1408		30,000	30,000	30,000	0	
	Resident Business Development	1408		1,500	1,500	1,500	0	
	HVAC Technical & Equipment	1408		1,500	1,500	1,500	1,514	
Long Term Asset Mgmt. Plan		1408		3,000	3,000	3,000	0	
	Subtotal	1408		135,500	135,500	135,500	9,205	
PHA-Wide Administration	Administration	1410		87,972	76,815	76,815	76,815	C
PHA-Wide Fees and Costs	A & E Fees	1430		31,500	31,500	31,500	31,722	C
PHA-Wide Appearances	Neighborhood Appearance	1450		24,000	24,000	24,000	0	
	Landscaping	1450		24,000	24,000	24,000	0	
	Sidewalks/Alleys/Parking Lots	1450		3,000	3,000	3,000	0	
	Fence Repairs	1450		3,000	3,000	3,000	0	
	Pest Control/Emergency Extermination	1450		3,000	3,000	3,000	0	
	Playground Improvements	1450		3,000	3,000	3,000	0	
	Subtotal	1450		60,000	60,000	60,000	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages				Grant Type and Number		Federal FFY of Grant: 2010		
PHA Name: Kingsport Housing and Redevelopment Authority (TN0006)				Capital Fund Program Grant No: TN37P00650110 CFPP (Yes/ No): No Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1								
Lee Apartments	Install Covers Over Crawl Spaces	1460		20,000	0	0	0	D
	Replace Commodes/Aerators/Showerheads	1460		5,000	0	0	0	D
	Replace HVAC	1460		65,200	0	0	0	D
	Notice Boxes	1460		15,000	0	0	0	D
	Wall/Floor/Ceiling Repair	1460		5,000	5,000	5,000	0	
Tiffany Court	Replace Commodes/Aerators/Showerheads	1460		5,000	0	0	0	D
	Notice Boxes	1460		1,500	0	0	0	D
	Wall/Floor/Ceiling Repair	1460		1,000	1,000	1,000	0	
AMP 2								
Cloud Apartments	Replace Commodes/Aerators/Showerheads	1460		12,404	0	0	0	D
	Replace HVAC	1460		48,700	240,702	240,702	0	
	Notice Boxes	1460		20,000	0	0	0	D
	Wall/Floor/Ceiling Repair	1460		5,000	5,000	5,000	0	
AMP 3								
Dogwood Terrace	Replace Commodes/Aerators/Showerheads	1460		5,000	0	0	0	D
	Notice Boxes	1460		7,500	0	0	0	D
	Wall/Floor/Ceiling Repair	1460		5,000	5,000	5,000	0	
Holly Hills	Replace Commodes/Aerators/Showerheads	1460		5,000	0	0	0	D
	Notice Boxes	1460		8,500	0	0	0	D
	Wall/Floor/Ceiling Repair	1460		5,000	5,000	5,000	0	
	Subtotal	1460		239,804	261,702	261,702	0	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program

US Department of Housing
and Urban Development
Office of Public and Indian Housing

OAS Approval No. 2577 - 0229 (Exp. 4/30/2011)

Part I: Summary

Kingsport Housing & Redevelopment Authority

PO Box 44 Kingsport, TN 37662

Capital Fund Number
TN07P000601-08

FFY of Grant Approval
2006

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒ Revised Annual Statement/Revision Number A
☐ Performance and Evaluation Report for Program Year Ending ☒ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds	-	-	-	-
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	115,332	115,332	115,332	115,332
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	80,733	117,661	117,661	117,661
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	920,262	920,314	920,314	920,314
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1498 Mod Used for Development	-	-	-	-
19	1502 Contingency (may not exceed 8% of line 20)	-	-	-	-
20	Amount of Annual Grant (Sum of lines 2-19)	\$1,153,327	\$1,153,327	\$1,153,327	\$1,153,327
21	Amount of line 20 Related to LBP Activities	-	-	-	-
22	Amount of line 20 Related to Section 504 Compliance	-	-	-	-
23	Amount of line 20 Related to Security	-	-	-	-
24	Amount of line 20 Related to Energy Conservation Measures	-	-	-	-

Signature of Executive Director and Date

1/12/2011

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Terry W. Cunningham, Executive Director
To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
To be completed for the Performance and Evaluation Report.

**US Department of Housing
and Urban Development
Office of Public and Indian Housing**

**Annual Statement /Performance and Evaluation Report
Capital Fund Program, Capital Fund Replacement Housing Factor and
Capital Fund Financing Program**

Capital Fund Financing Program				Office of Public and Indian Housing			Status of Proposed Work ²
Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
PHA-Wide Administration	Administration	1410		115,332	115,332	115,332	115,332
				\$115,332	\$115,332	\$115,332	\$115,332
				80,733	117,681	117,681	117,681
PHA-Wide Fees & Costs	A and E Fees PHA Wide	1430		\$80,733	\$117,681	\$117,681	\$117,681

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Development Number / Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
TN006000001 Lee	Replace Roofing & Guttering	1460		286,862	216,000	216,000	216,000	
TN006000002 Cloud	Replace Roofing & Guttering	1460		321,000	324,000	324,000	324,000	
TN006000003 Holly Hills	Replace Window/Security Screens	1460		320,000	290,861	290,861	290,861	
TN006000001 Tiffany Court	Replace Windows	1460		29,400	47,349	47,349	47,349	
TN006000001 Lee	Replace HVAC 36 units	1460			42,104	42,104	42,104	

**Annual Statement /Performance and Evaluation Report US Department of Housing
Capital Fund Program, Capital Fund Replacement Housing I and Urban Development
Capital Fund Financing Program**
Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated Quarter Ending Date			All Funds Expended Quarter Ending Date			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
1406							
1408							
1410							
1430							
1450							
1460							
1465.1							
1470							
1475							
TN0060000001							
TN0060000002							
TN0060000003							
TN0060000004							
							Approved \$ Quarter ending Obligate 18 mos after available Expend 3 yrs after available

Signature of Executive Director and Date

X



Terry W. Cunningham, Executive Director

1/12/2011

X

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.² To be completed for the Performance and Evaluation Report.

501-09 ARRA

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP 1 Lee Apartments/Tiffany Court		Grant Type and Number Capital Fund Program Grant No: TN07P00650111 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: 2011 FFY of Grant Approval:	
<input checked="" type="checkbox"/> Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost	Revised¹	Obligated	Total Actual Cost¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ²						
3	1408 Management Improvements	33,875					
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	7,875					
8	1440 Site Acquisition						
9	1450 Site Improvement	15,000					
10	1460 Dwelling Structures	33,234					
11	1465.1 Dwelling Equipment—Nonexpendable	5,625					
12	1470 Non-dwelling Structures	2,000					
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.


² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FY of Grant: 2011	
PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP I Lee Apartments/Tiffany Court		Grant Type and Number Capital Fund Program Grant No: TN37P00650111 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant Approval:	
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Line	Summary by Development Account	Total Estimated Cost	Revised :	Obligated	Total Actual Cost¹
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	97,609			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 1/12/11		Signature of Public Housing Director 	
				Date 	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.
⁴ RHHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages			Grant Type and Number		Federal FFY of Grant: 2011				
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)			Capital Fund Program Grant No: TN37900650111						
AMP 1 Lee Apartments/Tiffany Court			CFPP (Yes/No): No		Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ³		
PHA-Wide									
Management Improvements	Vista Workers	1408		10,000					
	Vista Office Supplies	1408		1,000					
	Resident Training	1408		1,250					
	Resident Initiatives Manager	1408		10,500					
	Resident Initiatives Supplies	1408		500					
	Maint./Mgmt Training	1408		1,250					
	UPCS Inspection Services	1408		375					
	Telecom/Computer/Security Cameras	1408		7,500					
	Resident Business Development	1408		375					
	HVAC Technical & Equipment	1408		375					
	Long Term Asset Mgmt. Plan	1408		750					
		Subtotal	1408		33,875				
PHA-Wide									
Fees and Costs	A & E Fees	1430		7,875					
PHA-Wide									
Appearances	Neighborhood Appearance	1450		6,000					
	Landscaping	1450		6,000					
	Sidewalks/Alleys/Parking Lots	1450		750					
	Fence Repairs	1450		750					
	Pest Control/Emergency Extermination	1450		750					
	Playground Improvements	1450		750					
	Subtotal	1450		15,000					

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Grant Type and Number

Capital Fund Program Grant No: TN37P0065011

Federal FFY of Grants: 2011

AMP 1 Lee Apartments / Tiffany Court

Replacement Housing Factor Grant No.

¹ To be completed for the Performance and Evaluation Report on a Revised Annual Statement

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

¹ Obligation and expenditure and dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

[illegible]

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHA Name: Kingsport Housing and Redevelopment Authority (TN006) ANP 2 Cloud Apartments		Grant Type and Number Capital Fund Program Grant No: TN37P00650111 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: 2011 FFY of Grant Approval:	
<input checked="" type="checkbox"/> Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised¹	Obligated	Total Actual Cost¹	Expended
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ²						
3	1408 Management Improvements	33,875					
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	7,875					
8	1440 Site Acquisition						
9	1450 Site Improvement	15,000					
10	1460 Dwelling Structures	201,234					
11	1465.1 Dwelling Equipment—Nonexpendable	5,625					
12	1470 Non-dwelling Structures	2,000					
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴						

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		PHHA Name: Kingsport Housing and Redevelopment Authority (TN906)		Grant Type and Number Capital Fund Program Grant No: TN37P00650111 Replacement Housing Factor Grant No: Date of CFFP: ANP 2 Closed Apartments		FY of Grant: 2011 FFY of Grant Approval:	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Type of Grant							
Line	Summary by Development Account	Original	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)		265,609				
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Date		Signature of Public Housing Director		Date	
T. W. G.		11/2/11					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages				Federal FFY of Grant: 2011			
PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP 2 Cloud Apartments			Grant Type and Number Capital Fund Program Grant No: TN37P00650111 CFPP (Yes/ No): No Replacement Housing Factor Grant No:				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
PHA-Wide							
Management Improvements	Vista Workers	1408		10,000			
	Vista Office Supplies	1408		1,000			
	Resident Training	1408		1,250			
	Resident Initiatives Manager	1408		10,500			
	Resident Initiatives Supplies	1408		500			
	Maint./Mgmt Training	1408		1,250			
	UPCS Inspection Services	1408		375			
	Telecom/Computer/Security Cameras	1408		7,500			
	Resident Business Development	1408		375			
	HVAC Technical & Equipment	1408		375			
	Long Term Asset Mgmt. Plan	1408		750			
	Subtotal	1408		33,875			
PHA-Wide							
Fees and Costs	A & E Fees	1430		7,875			
PHA-Wide	Neighborhood Appearance	1450		6,000			
Appearances	Landscaping	1450		6,000			
	Sidewalks/Alleys/Parking Lots	1450		750			
	Fence Repairs	1450		750			
	Pest Control/Emergency	1450		750			
	Extermination	1450		750			
	Playground Improvements	1450		750			
	Subtotal	1450		15,000			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant: 2011

Grant Type and Number
Capital Fund Program Grant No: TN3TP00650111

Replacement Housing Factor Grant No.

[illegible]² To be completed for the Performance and Evaluation Report.

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Kinesport Housing and Redevelopment Authority (TN006)

Development Number	All Fund Obligated	All Funds Expended	Reasons for Revised Target Dates
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[illegible]

Form HUD-50075.1 (4/2008)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FY of Grant: 2011		
PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP 3 Begwood Terrace/Holly Hills/Admin Bldg - Main Office		Grant Type and Number Capital Fund Program Grant No: TN37P00650111 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant Approval:		
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:						
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ¹	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ²					
3	1408 Management Improvements	33,875				
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	7,875				
8	1440 Site Acquisition					
9	1450 Site Improvement	15,000				
10	1460 Dwelling Structures	21,234				
11	1465.1 Dwelling Equipment—Nonexpendable	5,625				
12	1470 Non-dwelling Structures	3,000				
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.

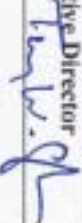
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FY of Grant: 2011	
PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP 3 Dogwood Terrace/Holly Hills/Adrian Ridge		Grant Type and Number: Capital Fund Program Grant No: TN37P00650111 Replacement Housing Factor Grant No: Date of CFP:		FY of Grant Approval:	
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	86,609			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director 		Date 1/12/11		Signature of Public Housing Director 	
				Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

Part II: Supporting Pages				Federal FFY of Grant: 2011				
PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP 3 Dogwood Terrace/Holly Hills/Admin Bldg – Main Office		Grant Type and Number Capital Fund Program Grant No: TN37P00650111 CEFP (Yes/No): No Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide								
Management Improvements	Vista Workers	1408		10,000				
	Vista Office Supplies	1408		1,000				
	Resident Training	1408		1,250				
	Resident Initiatives Manager	1408		10,500				
	Resident Initiatives Supplies	1408		500				
	Maint./Mgmt Training	1408		1,250				
	UPCS Inspection Services	1408		375				
	Telecom/Computer/Security Cameras	1408		7,500				
	Resident Business Development	1408		375				
	HVAC Technical & Equipment	1408		375				
	Long Term Asset Mgmt Plan	1408		750				
	Subtotal	1408		33,875				
PHA-Wide Fees and Costs	A & E Fees	1430		7,875				
PHA-Wide Appearances	Neighborhood Appearance	1450		6,000				
	Landscaping	1450		6,000				
	Sidewalks/Alleys/Parking Lots	1450		750				
	Fence Repairs	1450		750				
	Pest Control/Emergency Extermination	1450		750				
	Playground Improvements	1450		750				
	Subtotal	1450		15,000				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2011				
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Capital Fund Program Grant No: TN37P00650111						
AMP 3 Dogwood Terrace/Holly Hills/Admin Bldg – Main Office		CFEP (Yes/ No): No						
		Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA Wide	Refrigerators	1465		4,000				
	Dwelling	1465		500				
	Equipment	1465		375				
	ADA Modifications	1465		375				
	Emergency Mold Abatement	1465		375				
	HVAC Equipment	1465		375				
	Subtotal	1465		5,625				
	Community Bldgs & Offices Expansions/Renovations/Unexpected Needs							
AMP 3	6-7 Dogwood Terrace	1470		1,000				
	6-9 Holly Hills	1470		1,000				
	6-9 Administration – Main Office	1470		1,000				
	Subtotal	1470		3,000				
					</			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Kingsport Housing and Redevelopment Authority (TN006)

Form HUD-50075.1 (4/2008)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program


U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FFY of Grant: 2011	
PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AMP 5 Riverview Place		Grant Type and Number Capital Fund Program Grant No: TN37P00650111 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant Approval:	
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Line	Summary by Development Account	Original	Total Estimated Cost	Obligated	Total Actual Cost ¹
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ²				
3	1408 Management Improvements	33,875			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,875			
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000			
10	1460 Dwelling Structures	4,000			
11	1465.1 Dwelling Equipment—Nonexpendable	1,125			
12	1470 Non-dwelling Structures	1,000			
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary				FY of Grant: 2011			
PHA Name: Kingsport Housing and Redevelopment Authority (TN006) AARP 5 Riverview Place		Grant Type and Number Capital Fund Program Grant No: TN37900650111 Replacement Housing Factor Grant No: Date of CFFP:		FY of Grant Approval:			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report							
Line	Summary by Development Account	Original	Total Estimated Cost	Revised¹	Obligated	Total Actual Cost¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)	62,875					
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director 		Date 1/2/11		Signature of Public Housing Director		Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFF Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Kingsport Housing and Redevelopment
 Authority (TN006)
 AMP 5 Riverview Place

Grant Type and Number
 Capital Fund Program Grant No: TN3700650111
 CEFP (Yes/No): No
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2011

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide								
Management Improvements	Vista Workers	1408		10,000				
	Vista Office Supplies	1408		1,000				
	Resident Training	1408		1,250				
	Resident Initiatives Manager	1408		10,500				
	Resident Initiatives Supplies	1408		500				
	Maint./Mgmt Training	1408		1,250				
	UPCS Inspection Services	1408		375				
	Telecom/Computer/Security Cameras	1408		7,500				
	Resident Business Development	1408		375				
	HVAC Technical & Equipment	1408		375				
	Long Term Asset Mgmt. Plan	1408		750				
	Subtotal	1408		33,875				
PHA-Wide	A & E Fees	1430		7,875				
Fees and Costs								
PHA-Wide	Neighborhood Appearance	1450		6,000				
Appearances	Landscaping	1450		6,000				
	Sidewalks/Alleys/Parking Lots	1450		750				
	Fence Repairs	1450		750				
	Pest Control/Emergency Extermination	1450		750				
	Playground Improvements	1450		750				
	Subtotal	1450		15,000				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Federal FY of Grant: 2011

Grant Type and Number
Capital Fund Program Grant No: TN37P006S0111
CFPP (Yes/ No): No
Replacement Housing Factor Grant No:

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

PHA Name: Kingsport Housing and Redevelopment Authority (TN006)

Federal FY of Grant: 2011

All Fund Obligated

All Funds Expended

Reasons for Revised Target Dates

Activities

100

10

1

1

PHIA Wide

10

100

10

100

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FFY of Grant: 2011			
PIHA Name: Kingsport Housing and Redevelopment Authority (TN006)		FFY of Grant Approval:			
Grant Type and Number Capital Fund Program Grant No: TN37P00650111 Replacement Housing Factor Grant No: Date of CFP:					
<input checked="" type="checkbox"/> Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Original	Total Estimated Cost Revised ³	Obligated	Total Actual Cost ¹ Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ²	153,629			
3	1408 Management Improvements	135,500			
4	1410 Administration (may not exceed 10% of line 21)	76,815			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	31,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	60,000			
10	1460 Dwelling Structures	259,702			
11	1465.1 Dwelling Equipment—Nonexpendable	18,000			
12	1470 Non-dwelling Structures	8,000			
13	1475 Non-dwelling Equipment	25,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Rehabilitation Costs				
17	1499 Development Activities ⁴	TBD			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PIHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary		FY of Grant: 2010	
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Grant Type and Number Capital Fund Program Grant No: TN37P00650110 Replacement Housing Factor Grant No: Date of CFFP:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Revised²
		Total Estimated Cost	Obligated
			Total Actual Cost¹
			Expended
18a	1501 Collateralization or Debt Service paid by the PHA		
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	768,164	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director 		Date 1/12/11	Signature of Public Housing Director
			Date

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHP funds shall be included here.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Kingsport Housing and Redevelopment
Authority (TN006)

Grant Type and Number
Capital Fund Program Grant No: TN3700650111
CTFP (Yes/No): No
Replacement Housing Factor Grant No:

Federal FTV of Grant: 2011

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	Operations	1406		Original	Revised¹	Funds Obligated²	Funds Expended²	
PHA-Wide				153,629				
Management Improvements	Vista Workers	1408		40,000				
	Vista Office Supplies	1408		4,000				
	Resident Training	1408		5,000				
	Resident Initiatives Manager	1408		42,000				
	Resident Initiatives Supplies	1408		2,000				
	Maint./Mgmt Training	1408		5,000				
	UPCS Inspection Services	1408		1,500				
	Telecom/Computer/Security Cameras	1408		30,000				
	Resident Business Development	1408		1,500				
	HVAC Technical & Equipment	1408		1,500				
	Long Term Asset Mgmt Plan	1408		3,000				
	Subtotal	1408		135,500				
PHA-Wide Administration	Administration	1410		76,815				
PHA-Wide Fees and Costs	A & E Fees	1430		31,500				
PHA-Wide Appearances	Neighborhood Appearance	1450		24,000				
	Landscaping	1450		24,000				
	Sidewalks/Alleys/Parking Lots	1450		3,000				
	Fence Repairs	1450		3,000				
	Pest Control/Emergency Extermination	1450		3,000				
	Playground Improvements	1450		3,000				
	Subtotal	1450		60,000				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Kingsport Housing and Redevelopment Authority (TN006)				Grant Type and Number Capital Fund Program Grant No: TN37900650111 CFPP (Yes/ No): No Replacement Housing Factor Grant No:				Federal FFY of Grant: 2011			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work			
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²				
AMP 1											
Lee Apartments	Install Covers Over Crawl Spaces	1460		5,000							
	Replace Commodes/Aerators/Showerheads	1460		5,000							
	Replace HVAC	1460		10,000							
	Emergency Water &/or Sewer Repair - Replacement	1460		3,234							
	Wall/Floor/Ceiling Repair	1460		4,000							
	Replace Commodes/Aerators/Showerheads	1460		5,000							
	Wall/Floor/Ceiling Repair	1460		1,000							
AMP 2											
Cloud Apartments	Replace Commodes/Aerators/Showerheads	1460		5,000							
	Replace HVAC	1460		189,000							
	Emergency Water &/or Sewer Line Repair - Replacement	1460		3,234							
	Wall/Floor/Ceiling Repair	1460		4,000							
AMP 3											
6-7 Dogwood Terrace	Replace Commodes/Aerators/Showerheads	1460		5,000							
	Emergency Water &/or Sewer Line Repair - Replacement	1460		3,234							
	Wall/Floor/Ceiling Repair	1460		4,000							
	Replace Commodes/Aerators/Showerheads	1460		5,000							
	Wall/Floor/Ceiling Repair	1460		4,000							
AMP 5											
Riverview Place	Wall/Floor/Ceiling Repair	1460		4,000							
	Subtotal	1460		259,702							

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages

Part II: Supporting Pages				Federal FFY of Grant: 2011			
PHA Name: Kingsport Housing and Redevelopment Authority (TN006)		Grant Type and Number Capital Fund Program Grant No: TN37P00650111 CFPP (Yes/ No): No Replacement Housing Factor Grant No:					
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work	
PHA Wide Dwelling Equipment	Refrigerators	1465		Original 12,000	Revised ¹	Funds Obligated ²	Funds Expended ²
	Dumpster Repairs	1465		1,500			
	ADA Modifications	1465		1,500			
	Emergency Mold Abatement	1465		1,500			
	HVAC Equipment	1465		1,500			
	Subtotal	1465		18,000			
	Community Bldgs & Offices Expansions/Renovations/Unexpected Needs						
AMP 1	6-1 Lee Apartments	1470		1,000			
AMP 2	6-4 Cloud Apartments	1470		1,000			
AMP 3	6-7 Dogwood Terrace	1470		1,000			
	6-9 Holly Hills	1470		1,000			
	6-9 Adm. Bldg – Main Office	1470		1,000			
AMP 5	Riverview Place	1470		1,000			
	Parking Lot Expansion						
AMP 1	6-1 Lee Apartments	1470		1,000			
AMP 3	6-4 Cloud Apartments	1470		1,000			
	Subtotal	1470		8,000			
PHA-Wide Non-Dwelling Equipment	Maintenance/Management Vehicles	1475		25,000			
Development Activities	Replacement Housing Factor	1499		TBD			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program

[illegible]

¹ Colligation and expenditure and dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number Kingsport Housing & Redevelopment Authority		Locality (City/County & State) Kingsport, Sullivan County, TN		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	TN6-1 Robert E. Lee Homes TN 6-11 Tiffany Court PHA-Wide	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	\$39,500	\$72,500	\$84,702	\$137,802
C.	Management Improvements		\$33,875	\$33,875	\$33,875	\$33,875
D.	PHA-Wide Non-dwelling Structures and Equipment		\$11,000	\$1,000	\$1,000	\$12,000
E.	Administration					
F.	Other		\$7,875	\$7,875	\$7,875	\$7,875
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$92,250	\$115,250	\$127,452	\$191,552
L.	Total Non-CFP Funds					
M.	Grand Total		\$92,250	\$115,250	\$127,452	\$191,552

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing
Expires 4/30/2011

[illegible]

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Work Statement for Year: 3Form HUD-50075.2 (4/2008)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Expires 4/30/2001

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 4 FFY 2014				Work Statement for Year: 5 FFY 2015		
Work Statement for Year 1 FFY 2011	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual	6-1 Lee Apartments Replace Storm Doors		5,500	6-1 Lee Apartments Replace Water Meter/Covers/Enclosures /Cut-offs		50,000
Statement	Replace Interior Doors		5,000	Emergency Water/Sewer Line Repairs		25,000
	Replace Vinyl Siding (Porches, Gables, etc.)		25,000	Install Hard-Wired Smoke Detectors		5,000
	Wall/Floor/Ceiling Repairs		4,000	Wall/Floor/Ceiling Repairs		4,000
	1460		\$39,500	1460		\$84,000
	6-11 Tiffany Court			6-11 Tiffany Court		
	Replace Interior Doors		5,000	Emergency Water/Sewer Line Repairs		25,000
	Replace Vinyl Siding (Porches, Gables, etc.)		16,702	Install Hard-Wired Smoke Detectors		5,000
	Wall/Floor/Ceiling Repairs		4,000	Wall/Floor/Ceiling Repairs		4,302
	1460		\$25,702	1460		\$34,302
				Pave Parking Lots		
				1470		
				6-1 Lee Apartments		5,000
				6-11 Tiffany Court		5,000
	Community Bldgs/Offices Expansions/Renovations/Unexpected Needs			Community Bldgs/Offices Expansions/Renovations/Unexpected Needs		
	6-1 Lee Apartments		1,000	6-1 Lee Apartments		\$1,000
	1470		\$1,000	1470		
				Replace Floor Tiles		
				6-1 Lee Community Room Building		\$1,000
				1470		
				1470		\$12,000
	Subtotal of Estimated Cost		\$66,202	Subtotal of Estimated Cost		\$130,302

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012		Work Statement for Year 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Vista Workers	10,000	Vista Workers	10,000
Annual	Vista Office Supplies	1,000	Vista Office Supplies	1,000
Statement	Resident Training	1,250	Resident Training	1,250
	Resident Initiatives Manager	10,500	Resident Initiatives Manager	10,500
	Resident Initiatives Supplies	500	Resident Initiatives Supplies	500
	Maint/Mgmt Training	1,250	Maint/Mgmt Training	1,250
	UPCS Inspection Services	375	UPCS Inspection Services	375
	Telecomm/Computer Upgrades/Security Cameras	7,500	Telecomm/Computer Upgrades/Security Cameras	7,500
	Resident Business Development	375	Resident Business Development	375
	HVAC Tech & Equipment	375	HVAC Tech & Equipment	375
	Long Term Asset Mgmt Plan	750	Long Term Asset Mgmt Plan	750
		1408		1408
	PHA Wide A&E Fees	7,500	PHA Wide A&E Fees	7,500
	Tech Service Long Term Asset Mgmt Plan	375	Tech Service Long Term Asset Mgmt Plan	375
		1430		1430
		\$7,875		\$7,875
	Neighborhood Appearance	6,000	Neighborhood Appearance	6,000
	Landscaping	6,000	Landscaping	6,000
	Sidewalks/Parking Lots/Alleys/Streets	750	Sidewalks/Parking Lots/Alleys/Streets	750
	Fence Repairs	750	Fence Repairs	750
	Pest Control	750	Pest Control	750
	Playground Improvements	750	Playground Improvements	750
		1450		1450
		\$15,000		\$15,000
	Refrigerators	3,000	Refrigerators	3,000
	Dumpster Repairs	375	Dumpster Repairs	375
	ADA Modifications	375	ADA Modifications	375
	Emergency Mold Remediation	375	Emergency Mold Remediation	375
	HVAC Equipment	375	HVAC Equipment	375
		1465		1465
		\$4,500		\$4,500
	Subtotal of Estimated Cost	\$61,250	Subtotal of Estimated Cost	\$61,250

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014		Work Statement for Year 5 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Vista Workers	10,000	Vista Workers	10,000
	Vista Office Supplies	1,000	Vista Office Supplies	1,000
	Resident Training	1,250	Resident Training	1,250
	Resident Initiatives Manager	10,500	Resident Initiatives Manager	10,500
	Resident Initiatives Supplies	500	Resident Initiatives Supplies	500
	Maint/Mgmt Training	1,250	Maint/Mgmt Training	1,250
	UPCS Inspection Services	375	UPCS Inspection Services	375
	Telecomm/Computer Upgrades/Security Cameras	6,750	Telecomm/Computer Upgrades/Security Cameras	6,750
	Resident Business Development	375	Resident Business Development	375
	HVAC Tech & Equipment	375	HVAC Tech & Equipment	1,125
	Long Term Asset Mgmt Plan	750	Long Term Asset Mgmt Plan	750
	Energy Audit	750		
		1408		1408
	PHA Wide A&E Fees	7,500	PHA Wide A&E Fees	7,500
	Tech Service Long Term Asset Mgmt Plan	375	Tech Service Long Term Asset Mgmt Plan	375
		1430		1430
	Neighborhood Appearance	\$7,875	Neighborhood Appearance	\$7,875
	Landscaping	6,000	Landscaping	6,000
	Sidewalks/Parking Lots/Alleys/Streets	750	Sidewalks/Parking Lots/Alleys/Streets	750
	Fence Repairs	750	Fence Repairs	750
	Pest Control	750	Pest Control	750
	Playground Improvements	750	Playground Improvements	750
		1450		1450
	Refrigerators	3,000	Refrigerators	3,000
	Dumpster Repairs	375	Dumpster Repairs	375
	ADA Modifications	375	ADA Modifications	375
	Emergency Mold Remediation	375	Emergency Mold Remediation	375
	HVAC Equipment	375	HVAC Equipment	375
		1465		1465
	Subtotal of Estimated Cost	\$61,250	Subtotal of Estimated Cost	\$61,250

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number Kingsport Housing & Redevelopment Authority		Locality (City/County & State) Kingsport, Sullivan County, TN		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A. Development Number and Name	Work Statement for Year 1	FFY 2012	Work Statement for Year 3	FFY 2014	Work Statement for Year 5
B. TN6-4 Cloud Apartments PHA-Wide	Annual Statement	\$198,802	\$41,500	\$59,000	\$55,500
C. Physical Improvements Subtotal		\$33,875	\$33,875	\$33,875	\$33,875
D. Management Improvements		\$7,000	\$1,000	\$60,200	\$7,000
E. PHLA-Wide Non-dwelling Structures and Equipment					
F. Administration					
G. Other		\$7,875	\$7,875	\$7,875	\$7,875
H. Operations					
I. Demolition					
J. Development					
K. Capital Fund Financing – Debt Service					
L. Total CFP Funds		\$246,553	\$84,250	\$160,950	\$104,250
M. Total Non-CFP Funds					
N. Grand Total		\$247,552	\$84,250	\$160,950	\$104,250

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year 3 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual	6-4 Cloud Apartments Replace HVAC		175,302	6-4 Cloud Apartments Wall/Floor/Ceiling Repairs		1,000
Statement	Wall/Floor/Ceiling Repairs		4,000	Replace Storm Doors		10,000
	1460		\$179,302	Repair/Replace Bathhub Emergency Water &/or Sewer Line Repair		10,000 1,000
				1460		\$22,000
	Community Bldgs / Offices Expansions/ Renovations/ Unexpected Needs			Community Bldgs / Offices Expansions/ Renovations/ Unexpected Needs		
	6-4 Cloud Apartments		2,000	6-4 Cloud Apartments		1,000 \$1,000
				1470		
	Replace Dumpster Surrounds					
	6-4 Cloud Apartments		5,000			
	1470		\$6,000			
	Subtotal of Estimated Cost		\$188,302	Subtotal of Estimated Cost		\$23,000

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012		Work Statement for Year 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
Sec	Vista Workers	10,000	Vista Workers	10,000
Annual	Vista Office Supplies	1,000	Vista Office Supplies	1,000
Statement	Resident Training	1,250	Resident Training	1,250
	Resident Initiatives Manager	10,500	Resident Initiatives Manager	10,500
	Resident Initiatives Supplies	500	Resident Initiatives Supplies	500
	Maint/Mgmt Training	1,250	Maint/Mgmt Training	1,250
	UPCS Inspection Services	375	UPCS Inspection Services	375
	Telecomm/Computer Upgrades/Security Cameras	7,500	Telecomm/Computer Upgrades/Security Cameras	7,500
	Resident Business Development	375	Resident Business Development	375
	HVAC Tech & Equipment	375	HVAC Tech & Equipment	375
	Long Term Asset Mgmt Plan	750	Long Term Asset Mgmt Plan	750
		1408		1408
	PHA Wide A&E Fees	7,500	PHA Wide A&E Fees	7,500
	Tech Service Long Term Asset Mgmt Plan	375	Tech Service Long Term Asset Mgmt Plan	375
		1430		1430
	Neighborhood Appearance	6,000	Neighborhood Appearance	6,000
	Landscaping	6,000	Landscaping	6,000
	Sidewalks/Parking Lots/Alleys/Streets	750	Sidewalks/Parking Lots/Alleys/Streets	750
	Fence Repairs	750	Fence Repairs	750
	Pest Control	750	Pest Control	750
	Playground Improvements	750	Playground Improvements	750
		1450		1450
	Refrigerators	3,000	Refrigerators	3,000
	Dumpster Repairs	375	Dumpster Repairs	375
	ADA Modifications	375	ADA Modifications	375
	Emergency Mold Remediation	375	Emergency Mold Remediation	375
	HVAC Equipment	375	HVAC Equipment	375
		1465		1465
	Subtotal of Estimated Cost	\$61,250	Subtotal of Estimated Cost	\$61,250

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014		Work Statement for Year 5 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Vista Workers	10,000	Vista Workers	10,000
	Vista Office Supplies	1,000	Vista Office Supplies	1,000
	Resident Training	1,250	Resident Training	1,250
	Resident Initiatives Manager	10,500	Resident Initiatives Manager	10,500
	Resident Initiatives Supplies	500	Resident Initiatives Supplies	500
	Maine/Mgmt Training	1,250	Maine/Mgmt Training	1,250
	UPCS Inspection Services	375	UPCS Inspection Services	375
	Telecomm/Computer Upgrades/Security Cameras	6,750	Telecomm/Computer Upgrades/Security Cameras	6,750
	Resident Business Development	375	Resident Business Development	375
	HVAC Tech & Equipment	375	HVAC Tech & Equipment	1,125
	Long Term Asset Mgmt Plan	750	Long Term Asset Mgmt Plan	750
	Energy Audit	750		
		1408		\$33,875
	PHA Wide A&E Fees	7,500	PHA Wide A&E Fees	7,500
	Tech Service Long Term Asset Mgmt Plan	375	Tech Service Long Term Asset Mgmt Plan	375
		1430		\$7,875
	Neighborhood Appearance	6,000	Neighborhood Appearance	6,000
	Landscaping	6,000	Landscaping	6,000
	Sidewalks/Parking Lots/Alleys/Streets	750	Sidewalks/Parking Lots/Alleys/Streets	750
	Fence Repairs	750	Fence Repairs	750
	Pest Control	750	Pest Control	750
	Playground Improvements	750	Playground Improvements	750
		1450		\$15,000
	Refrigerators	3,000	Refrigerators	3,000
	Dumpster Repairs	375	Dumpster Repairs	375
	ADA Modifications	375	ADA Modifications	375
	Emergency Mold Remediation	375	Emergency Mold Remediation	375
	HVAC Equipment	375	HVAC Equipment	375
		1465		\$4,500
	Subtotal of Estimated Cost	\$61,250	Subtotal of Estimated Cost	\$61,250

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2001

Part I: Summary

PHA Name/Number Kingsport Housing & Redevelopment Authority		Locality (City/County & State) Kingsport, Sullivan County, TN		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	TN6-7 Dogwood Terrace TN6-9 Holly Hills TN6-9 Administration Bldg Main Office PHA-Wide	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	\$52,500	\$204,802	\$98,500	\$62,500
C.	Management Improvements		\$33,875	\$33,875	\$33,875	\$33,875
D.	PHA-Wide Non-dwelling Structures and Equipment		\$13,000	\$3,000	\$16,400	\$45,000
E.	Administration					
F.	Other		\$7,875	\$7,875	\$7,875	\$7,875
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$107,250	\$249,552	\$156,650	\$149,250
L.	Total Non-CFP Funds					
M.	Grand Total		\$107,250	\$249,552	\$156,650	\$149,250

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year 2 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	6-7 Dogwood Terrace Replace Water Meter Covers & Cutoff Valves Wall/Floor/Ceiling Repairs		10,000 4,000	6-7 Dogwood Terrace Wall/Floor/Ceiling Repairs		1,000
	1460		\$14,000	Replace Roofing & Gutters Repair/Replace Bathroom Emergency Water &/or Sewer Line Repair		\$161,302 10,000 1,000
	6-9 Holly Hills Replace Water Meter Covers & Cutoff Valves Replace HVAC (Unit 21 & 25) Wall/Floor/Ceiling Repairs		10,000 5,000 4,000	6-9 Holly Hills Emergency Water &/or Sewer Line Repair Repair/Replace Bathroom Wall/Floor/Ceiling Repairs		\$173,302 1,000 10,000 1,000
	1460		\$19,000	1460		\$12,000
	Community Bldgs. / Offices 6-7 Dogwood 6-9 Holly Hills 6-9 Administration Bldg		1,000 1,000 1,000	Community Bldgs. / Offices 6-7 Dogwood Terrace		1,000
	Replace Dumpster Surrounds 6-7 Dogwood 6-9 Holly Hills		5,000 5,000	6-9 Holly Hills 6-9 Administration Building/Main Office		1,000 1,000
	1470		\$13,000	1470		\$3,000
	Subtotal of Estimated Cost		\$46,000	Subtotal of Estimated Cost		\$188,302

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Work Statement for Year 1 FFY 2011	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	6-7 Dogwood Terrace Replace Storm Doors		5,500
	Replace Interior Doors		5,000
	Replace Vinyl Siding (Porches, Gables, etc)		25,000
	Wall/Floor/Ceiling Repairs		4,000
	1460		\$39,500
	6-9 Holly Hills Replace Storm Doors		5,500
	Replace Interior Doors		5,000
	Replace Vinyl Siding (Porches, Gables, etc)		25,000
	Wall/Floor/Ceiling Repairs		4,000
	1460		\$39,500
	Community Bldgs. / Offices		
	6-7 Dogwood Administration Bldg		1,000
	6-9 Holly Hills Administration Bldg		1,000
	Replace Exterior Lighting		7,000
	Replace Window Blinds		3,000
	Replace Floor Tiles		13,400
	6-7 Dogwood Terrace Community Building		\$16,400
	6-9 Holly Hills Community Building		
	Community Bldgs. / Offices		
	6-7 Dogwood Administration Bldg		1,000
	6-9 Holly Hills Administration Bldg		1,000
	6-9 Administration Bldg		1,000
	1470		\$45,000
	Subtotal of Estimated Cost		\$95,400

Work Statement for Year 2 FFY 2015	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
	6-7 Dogwood Terrace Install Hard-Wired Smoke Detectors		5,000
	Wall/Floor/Ceiling Repairs		4,000
	1460		\$9,000
	6-9 Holly Hills Emergency Water/Sewer Line Repairs		25,000
	Install Hard-Wired Smoke Detectors		5,000
	Wall/Floor/Ceiling Repairs		4,000
	1460		\$34,000
	Pave Parking Lots		
	6-7 Dogwood Terrace		5,000
	6-9 Holly Hills Administration Building		5,000
	Replace Carpet		10,000
	Expand Parking Lot		10,000
	Replace Exterior Lighting		7,000
	Replace Window Blinds		3,000
	Replace Floor Tiles		13,400
	6-7 Dogwood Terrace Community Building		1,000
	6-9 Holly Hills Community Building		1,000
	Community Bldgs. / Offices		
	6-7 Dogwood Administration Bldg		1,000
	6-9 Holly Hills Administration Bldg		1,000
	6-9 Administration Bldg		1,000
	1470		\$45,000
	Subtotal of Estimated Cost		\$88,000

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012		Work Statement for Year 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Vista Workers	10,000	Vista Workers	10,000
	Vista Office Supplies	1,000	Vista Office Supplies	1,000
	Resident Training	1,250	Resident Training	1,250
	Resident Initiatives Manager	10,500	Resident Initiatives Manager	10,500
	Resident Initiatives Supplies	500	Resident Initiatives Supplies	500
	Maint/Mgmt Training	1,250	Maint/Mgmt Training	1,250
	UPCS Inspection Services	375	UPCS Inspection Services	375
	Telecomm/Computer Upgrades/Security Cameras	7,500	Telecomm/Computer Upgrades/Security Cameras	7,500
	Resident Business Development	375	Resident Business Development	375
	HVAC Tech & Equipment	375	HVAC Tech & Equipment	375
	Long Term Asset Mgmt Plan	750	Long Term Asset Mgmt Plan	750
	1408	\$33,875	1408	\$33,875
	PHA Wide A/E Fees	7,500	PHA Wide A/E Fees	7,500
	Tech Service Long Term Asset Mgmt Plan	375	Tech Service Long Term Asset Mgmt Plan	375
	1430	\$7,875	1430	\$7,875
	Neighborhood Appearance	6,000	Neighborhood Appearance	6,000
	Landscaping	6,000	Landscaping	6,000
	Sidewalks/Parking Lots/Alleys/Streets	750	Sidewalks/Parking Lots/Alleys/Streets	750
	Fence Repairs	750	Fence Repairs	750
	Pest Control	750	Pest Control	750
	Playground Improvements	750	Playground Improvements	750
	1450	\$15,000	1450	\$15,000
	Refrigerators	3,000	Refrigerators	3,000
	Dumpster Repairs	375	Dumpster Repairs	375
	ADA Modifications	375	ADA Modifications	375
	Emergency Mold Remediation	375	Emergency Mold Remediation	375
	HVAC Equipment	375	HVAC Equipment	375
	1465	\$4,500	1465	\$4,500
	Subtotal of Estimated Cost	\$61,250	Subtotal of Estimated Cost	\$61,250

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014		Work Statement for Year 5 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See Annual Statement	Vista Workers	10,000	Vista Workers	10,000
	Vista Office Supplies	1,000	Vista Office Supplies	1,000
	Resident Training	1,250	Resident Training	1,250
	Resident Initiatives Manager	10,500	Resident Initiatives Manager	10,500
	Resident Initiatives Supplies	500	Resident Initiatives Supplies	500
	Maine/Mgmt Training	1,250	Maint/Mgmt Training	1,250
	UPCS Inspection Services	375	UPCS Inspection Services	375
	Telecomm/Computer Upgrades/Security Cameras	6,750	Telecomm/Computer Upgrades/Security Cameras	6,750
	Resident Business Development	375	Resident Business Development	375
	HVAC Tech & Equipment	375	HVAC Tech & Equipment	1,125
	Long Term Asset Mgmt Plan	750	Long Term Asset Mgmt Plan	750
	Energy Audit	750		
		1408		1408
	PHA Wide A&E Fees	7,500	PHA Wide A&E Fees	7,500
	Tech Service Long Term Asset Mgmt Plan	375	Tech Service Long Term Asset Mgmt Plan	375
		1430		1430
	Neighborhood Appearance	6,000	Neighborhood Appearance	6,000
	Landscaping	6,000	Landscaping	6,000
	Sidewalks/Parking Lots/Alleys/Streets	750	Sidewalks/Parking Lots/Alleys/Streets	750
	Fence Repairs	750	Fence Repairs	750
	Pest Control	750	Pest Control	750
	Playground Improvements	750	Playground Improvements	750
		1450		1450
	Refrigerators	3,000	Refrigerators	3,000
	Dumpster Repairs	375	Dumpster Repairs	375
	ADA Modifications	375	ADA Modifications	375
	Emergency Mold Remediation	375	Emergency Mold Remediation	375
	HVAC Equipment	375	HVAC Equipment	375
		1465		1465
	Subtotal of Estimated Cost	\$61,250	Subtotal of Estimated Cost	\$61,250

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part I: Summary

Part I: Summary						
PHA Name/Number Kingsport Housing & Redevelopment Authority		Locality (City/County & State) Kingsport, Sullivan County, TN			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	AMP 5 Riverview Place PHA-Wide	FFY 2011	FFY 2012	FFY 2013	FFY 2014	FFY 2015
B.	Physical Improvements Subtotal	Annual Statement	\$23,500	\$20,500	\$24,500	\$23,500
C.	Management Improvements		\$33,875	\$33,875	\$33,875	\$33,875
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0	\$1,000	\$1,000	\$2,000
E.	Administration					
F.	Other		\$7,875	\$7,875	\$7,875	\$7,875
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$65,250	\$63,250	\$67,250	\$67,250
L.	Total Non-CFP Funds					
M.	Grand Total		\$65,250	\$63,250	\$67,250	\$67,250

U.S. Department of Housing and Urban Development

Expires 4/30/2001

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

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U.S. Department of Housing and Urban Development

Expires 4/30/2001

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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014		Work Statement for Year 5 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Vista Workers	10,000	Vista Workers	10,000
Annual	Vista Office Supplies	1,000	Vista Office Supplies	1,000
Statement	Resident Training	1,250	Resident Training	1,250
	Resident Initiatives Manager	10,500	Resident Initiatives Manager	10,500
	Resident Initiatives Supplies	500	Resident Initiatives Supplies	500
	Maint/Mgmt Training	1,250	Maint/Mgmt Training	1,250
	UPCS Inspection Services	375	UPCS Inspection Services	375
	Telecomm/Computer Upgrades/Security Cameras	6,750	Telecomm/Computer Upgrades/Security Cameras	6,750
	Resident Business Development	375	Resident Business Development	375
	HVAC Tech & Equipment	375	HVAC Tech & Equipment	1,125
	Long Term Asset Mgmt Plan	750	Long Term Asset Mgmt Plan	750
	Energy Audit	750		
		1408		1408
	PHA Wide A&E Fees	7,500	PHA Wide A&E Fees	7,500
	Tech Service Long Term Asset Mgmt Plan	375	Tech Service Long Term Asset Mgmt Plan	375
		1430		1430
	Neighborhood Appearance	6,000	Neighborhood Appearance	6,000
	Landscaping	6,000	Landscaping	6,000
	Sidewalks/Parking Lots/Alleys/Streets	750	Sidewalks/Parking Lots/Alleys/Streets	750
	Fence Repairs	750	Fence Repairs	750
	Pest Control	750	Pest Control	750
	Playground Improvements	750	Playground Improvements	750
		1450		1450
	Refrigerators	3,000	Refrigerators	3,000
	Dumpster Repairs	375	Dumpster Repairs	375
	ADA Modifications	375	ADA Modifications	375
	Emergency Mold Remediation	375	Emergency Mold Remediation	375
	HVAC Equipment	375	HVAC Equipment	375
		1465		1465
	Subtotal of Estimated Cost	\$61,250	Subtotal of Estimated Cost	\$61,250
		\$4,500		\$4,500

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary

PHA Name/Number Kingsport Housing & Redevelopment Authority		Locality (City/County & State) Kingsport, TN		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A. Development Number and Name TN0076 AMP 1, 2, 3 and 5	Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B. Physical Improvements Subtotal	Annual Statement	\$314,303	\$339,302	\$266,702	\$279,302
C. Management Improvements		\$135,500	\$135,500	\$135,500	\$135,500
D. PHA-Wide Non-dwelling Structures and Equipment		\$56,400	\$31,400	\$104,000	\$91,400
E. Administration		\$76,815	\$76,815	\$76,815	\$76,815
F. Other		\$31,500	\$31,500	\$31,500	\$31,500
G. Operations		\$153,629	\$153,629	\$153,629	\$153,629
H. Demolition					
I. Development					
J. Capital Fund Financing -- Debt Service					
K. Total CFP Funds		\$768,146	\$768,146	\$768,146	\$768,146
L. Total Non-CFP Funds					
M. Grand Total		\$768,146	\$768,146	\$768,146	\$768,146

TC 1/12/11

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

Expires 4/30/2001

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Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012			Work Statement for Year 2 FFY 2013		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	AMP 1-6-1 Lee Apartments Replace HVAC Wall/Floor/Ceiling Repairs		5,000 4,000 \$9,000	AMP 1-6-1 Lee Apartments Emergency Water &/or Sewer Line Repairs Wall/Floor/Ceiling Repairs Replace Storm Doors Repair/Replace Bathtubs		1,000 1,000 10,000 20,000 \$33,000
	AMP 2-6-4 Cloud Apartments Replace HVAC Wall/Floor/Ceiling Repairs		175,302 4,000 \$149,302	AMP 2-6-4 Cloud Apartments Emergency Water &/or Sewer Line Repairs Wall/Floor/Ceiling Repairs Replace Storm Doors Repair/Replace Bathtubs	1460	1,000 10,000 10,000 1,000 \$22,000
	AMP 3-6-7 Dogwood Terrace Water Meter Covers/Cutoff Valves Replaced Wall/Floor/Ceiling Repairs		10,000 4,000 \$14,000	AMP 3-6-7 Dogwood Terrace Emergency Water &/or Sewer Line Repairs Wall/Floor/Ceiling Repairs Replace Roofing/Guttering Repair/Replace Bathtubs	1460	1,000 1,000 10,000 161,302 \$173,302
	AMP 3-6-9 Holly Hills Water Meter Covers/Cutoff Valves Replaced Replace HVAC (Units 21 and 25) Wall/Floor/Ceiling Repairs		10,000 5,000 4,000 \$19,000	AMP 3-6-9 Holly Hills Emergency Water &/or Sewer Line Repairs Wall/Floor/Ceiling Repairs Replace/Repair Bathtubs	1460	1,000 1,000 10,000 \$12,000
	AMP 1-6-11 Tiffany Court Replace HVAC Wall/Floor/Ceiling Repairs		10,000 1,000 \$11,000	AMP 1-6-11 Tiffany Court Emergency Water &/or Sewer Line Repairs Wall/Floor/Ceiling Repairs Replace Rear Decks	1460	1,000 1,000 19,000 \$21,000
	AMP 5 Riverview Place Wall/Floor/Ceiling Repairs		4,000 \$4,000	AMP 5 Riverview Place Wall/Floor/Ceiling Repairs	1460	1,000 \$1,000
	Subtotal of Estimated Cost		\$236,302	Subtotal of Estimated Cost		\$261,302

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Work Statement for Year: 3

Subtotal of Estimated Cost	\$56,400	Subtotal of Estimated Cost	\$31,400
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Work Statement for Year 4
FFY 2014

Work Statement for Year: 2
 FyY 2015

Year 1 FFY 2011	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	AMP 1 6-1 Lee Apartments Wall/Floor/Ceiling Repairs Replace Storm Doors Replace Interior Doors Replace Vinyl Siding (porches, gables, etc)			AMP 1 6-1 Lee Apartments Replace Water Meter/Covers/Enclosures/Cut-offs Wall/Floor/Ceiling Repairs Emergency Water/Sewer Line Repairs Install Hard-Wired Smoke Detectors		
			4,000			50,000
			5,500			4,000
			5,000			25,000
			25,000			5,000
			\$39,500			\$84,000
	AMP 2 6-4 Cloud Apartments Wall/Floor/Ceiling Repairs Replace Storm Doors Replace Interior Doors Replace Vinyl Siding (porches, gables, etc)			AMP 2 6-4 Cloud Apartments Wall/Floor/Ceiling Repairs Emergency Water/Sewer Line Repairs Install Hard-Wired Smoke Detectors		
			4,000			4,000
			5,500			25,000
			5,000			7,000
			25,000			\$36,000
			\$39,500			
	AMP 3 6-7 Dogwood Terrace Wall/Floor/Ceiling Repairs Replace Storm Doors Replace Interior Doors Replace Vinyl Siding (porches, gables, etc)			AMP 3 6-7 Dogwood Terrace Wall/Floor/Ceiling Repairs Install Hard-Wired Smoke Detectors		
			4,000			4,000
			5,500			5,000
			5,000			\$9,000
			25,000			
			\$39,500			
	AMP 3 6-9 Holly Hills Wall/Floor/Ceiling Repairs Replace Storm Doors Replace Interior Doors Replace Vinyl Siding (porches, gables, etc)			AMP 3 6-9 Holly Hills Wall/Floor/Ceiling Repairs Emergency Water/Sewer Line Repairs Install Hard-Wired Smoke Detectors		
			4,000			4,000
			5,500			25,000
			5,000			5,000
			25,000			\$34,000
			\$39,500			
	AMP 1 6-11 Tiffany Court Wall/Floor/Ceiling Repairs Replace Interior Doors Replace Vinyl Siding (porches, gables, etc)			AMP 1 6-11 Tiffany Court Wall/Floor/Ceiling Repairs Emergency Water/Sewer Line Repairs Install Hard-Wired Smoke Detectors		
			4,000			4,302
			5,000			25,000
			25,000			5,000
			\$39,500			\$34,302
	AMP 1 6-11 Tiffany Court Wall/Floor/Ceiling Repairs Replace Interior Doors Replace Vinyl Siding (porches, gables, etc)			AMP 1 6-11 Tiffany Court Wall/Floor/Ceiling Repairs		
			4,000			4,000
			5,000			\$4,000
			16,702			
			\$25,702			
	AMP 5 Riverview Place Wall/Floor/Ceiling Repairs			AMP 5 Riverview Place Wall/Floor/Ceiling Repairs		
			1,000			
			\$1,000			
	Subtotal of Estimated Cost		\$188,702	Subtotal of Estimated Cost		\$201,302

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Work Statement for Year 2
FFY 2012

Work Statement for Year: 3
FFY 2013

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Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 2 FFY 2012		Work Statement for Year 3 FFY 2013	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Vista Workers	40,000	Vista Workers	40,000
Annual	Vista Office Supplies	4,000	Vista Office Supplies	4,000
Statement	Resident Training	5,000	Resident Training	5,000
	Resident Initiatives Manager	42,000	Resident Initiatives Manager	42,000
	Resident Initiatives Supplies	2,000	Resident Initiatives Supplies	2,000
	Maint/Mgmt Training	5,000	Maint/Mgmt Training	5,000
	UPCS Inspection Services	1,500	UPCS Inspection Services	1,500
	Telecomm/Computer Upgrades/Security Cameras	30,000	Telecomm/Computer Upgrades/Security Cameras	30,000
	Resident Business Development	1,500	Resident Business Development	1,500
	HVAC Tech & Equipment	1,500	HVAC Tech & Equipment	1,500
	Long Term Asset Mgmt Plan	3,000	Long Term Asset Mgmt Plan	3,000
		1408		1408
	PHA Wide A&E Fees	30,000	PHA Wide A&E Fees	30,000
	Tech Service Long Term Asset Mgmt Plan	1,500	Tech Service Long Term Asset Mgmt Plan	1,500
		1430		1430
	Neighborhood Appearance	24,000	Neighborhood Appearance	24,000
	Landscaping	24,000	Landscaping	24,000
	Sidewalks/Parking Lots/Alleys/Streets	3,000	Sidewalks/Parking Lots/Alleys/Streets	3,000
	Fence Repairs	3,000	Fence Repairs	3,000
	Pest Control	3,000	Pest Control	3,000
	Playground Improvements	3,000	Playground Improvements	3,000
		1450		1450
	Refrigerators	12,000	Refrigerators	12,000
	Dumpster Repairs	1,500	Dumpster Repairs	1,500
	ADA Modifications	1,500	ADA Modifications	1,500
	Emergency Mold Remediation	1,500	Emergency Mold Remediation	1,500
	HVAC Equipment	1,500	HVAC Equipment	1,500
		1465		1465
		18,000		18,000
	Subtotal of Estimated Cost	\$245,000	Subtotal of Estimated Cost	\$245,000

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2011	Work Statement for Year 4 FFY 2014		Work Statement for Year 5 FFY 2015	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Vista Workers	40,000	Vista Workers	40,000
Annual	Vista Office Supplies	4,000	Vista Office Supplies	4,000
Statement	Resident Training	5,000	Resident Training	5,000
	Resident Initiatives Manager	42,000	Resident Initiatives Manager	42,000
	Resident Initiatives Supplies	2,000	Resident Initiatives Supplies	2,000
	Maint/Mgmt Training	5,000	Maint/Mgmt Training	5,000
	UPCS Inspection Services	1,500	UPCS Inspection Services	1,500
	Telecomm/Computer Upgrades/Security Cameras	27,000	Telecomm/Computer Upgrades/Security Cameras	30,000
	Resident Business Development	1,500	Resident Business Development	1,500
	HVAC Tech & Equipment	1,500	HVAC Tech & Equipment	1,500
	Long Term Asset Mgmt Plan	3,000	Long Term Asset Mgmt Plan	3,000
	Energy Audit	3,000		
		1408		1408
	PHA Wide A&E Fees	135,500	PHA Wide A&E Fees	30,000
	Tech Service Long Term Asset Mgmt Plan	1,500	Tech Service Long Term Asset Mgmt Plan	1,500
		1430		1430
	Neighborhood Appearance	24,000	Neighborhood Appearance	24,000
	Landscaping	24,000	Landscaping	24,000
	Sidewalks/Parking Lots/Alleys/Streets	3,000	Sidewalks/Parking Lots/Alleys/Streets	3,000
	Fence Repairs	3,000	Fence Repairs	3,000
	Pest Control	3,000	Pest Control	3,000
	Playground Improvements	3,000	Playground Improvements	3,000
		1450		1450
	Refrigerators	12,000	Refrigerators	12,000
	Dumpster Repairs	1,500	Dumpster Repairs	1,500
	ADA Modifications	1,500	ADA Modifications	1,500
	Emergency Mold Remediation	1,500	Emergency Mold Remediation	1,500
	HVAC Equipment	1,500	HVAC Equipment	1,500
		1465		1465
	Subtotal of Estimated Cost	\$245,000	Subtotal of Estimated Cost	\$245,000